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Assembling realities, assembling capacities:
Young people and drug consumption in Australian drug education

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Declaration

To the best of my knowledge and belief this thesis contains no material previously published by any other person except where due acknowledgement has been made. This thesis contains no material which has been accepted for the award of any other degree or diploma in any university.

Signature:

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Abstract

This thesis presents an analysis of how young people, their drug consumption and their social lives are constituted in Australian classroom drug education and social marketing. To date, the vast majority of research on youth drug education has focused on the effectiveness of such interventions. Effectiveness in this context is defined as reducing young people's drug consumption and associated harms. Aside from debates about the effectiveness of harm reduction or abstinence models, drug education research has rarely critically analysed how the problem of youth drug consumption is constituted and why it should be addressed. In this way, drug education research has traditionally approached youth drug consumption as an unchallengeable problem and has approached organising concepts, such as, harm, health and youth as commonsense stable realities.

The analysis I present in this thesis contrasts sharply with established drug education research. Rather than asking questions about effectiveness and success, I look closely at the politics and ethics of drug education's articulation of young people, their lives and the role drugs play in them. To this end, I ask two research questions: (1) how are young people, their social lives and their drug consumption constituted in Australian drug education? and (2) in its constitution of young people and youth drug consumption, is Australian drug education likely to reduce harm?

These research questions suggest an analysis that does not approach youth drug consumption as an anterior reality that precedes drug education practices. Rather, I approach drug education as active in the constitution of the reality of youth drug consumption. To conduct my analysis, I draw on the philosophy of Deleuze and Guattari and cognate concepts developed in the field of Science and Technology Studies (STS). It is from these conceptual resources that I draw out the figure of the assemblage and position it as the primary ontological unit for analysis. Approaching drug education and drug consumption as assemblages means that I conceptualise all phenomena as co-constituted relational assemblages of other phenomena rather than as singular anterior substances. Importantly, in my analysis, assemblages are understood to be made in practice. I approach drug education, then, as a practice in which certain problems, possibilities, realities and capacities are enacted or assembled. My analysis is, therefore, explicitly concerned with the politics and ethics of the realities and possibilities enacted in drug education. I approach these concerns through the immanent ethics developed in Deleuze and Guattari's philosophy.

To explore my research questions, I conduct an analysis of Australian classroom drug education and social marketing texts. These data are approached as performative texts that work to enact particular realities and problems of youth drug consumption. Working with Bacchi's notion of problematisation, I analyse the problems of youth drug consumption enacted in drug education texts and consider what solutions they suggest. This analysis does not attempt to produce a single or generalisable truth of Australian drug education; rather, my analysis operates as a case study of the realities currently made possible in drug education and others that could be assembled in the future.

I argue that the politics and ethics of the constitution of young people and drugs in drug education are best understood through a focus on five key concerns, each of which forms a chapter in the thesis. My first focus is the notion of "decision-making" and rationality. I argue drug education attempts to instill in young people a skill of sequential rational decision-making. This focus works to obscure the importance of a range of other forces active in drug consumption events. My second focus is the commonsense notion of "peer pressure". I argue that by relying on this simplistic concept, drug education is unable to engage with the complexity of young people's social relations. My third concern is the concept of drug consumption settings. I argue the notion of "setting" commonly used in drug education inadvertently operates to reemphasise individual agency and fails to extend the analytical lens beyond people and drugs. Gender is my fourth concern. I argue drug education enacts young women and their drug consumption as especially problematic. Importantly, this focus works to enact a range of gendered double standards about responsibility, violence and comportment. My fifth focus is on the constitution of young people's parties, in which all the preceding concerns can be seen in operation. Here I treat the party as an exemplary drug consumption assemblage in which each of the four aforementioned concerns emerge together and shape each other in important ways. Through this exemplar I argue that drug education fails to contribute to increasing young people's capacity to enact safer drug consumption assemblages. Throughout my analysis I provide alternative theorisations of each concern or problem that address the shortcomings I identify.

The thesis identifies a range of serious limitations in existing drug education, and offers a new ontological, ethical and political orientation for its development. I conclude my analysis by arguing that drug education needs to attend more closely to the mutual co-constitution of the

forces active in drug consumption assemblages. Working from this grounding, drug education can help increase young people's capacity to assemble safe and pleasurable drug consumption events. Importantly, if drug education fails to address its limitations as identified in my analysis, it risks producing rather than reducing harm.

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Introduction

Each individual, body and soul, possesses an infinity of parts which belong to him [sic] in a more or less complex relationship [...] All individuals are in Nature as though on a plane of consistence whose whole figure they form, a plane which is variable at each moment. They affect each other in so far as the relationship which constitutes each one forms a degree of power, a capacity to be affected. Everything is simply an encounter in the universe, a good or a bad encounter.

(Deleuze & Parnet, 1987, pp. 59-60)

In this thesis I explore how young people's illicit drug consumption is constituted in contemporary Australian drug education¹ and social marketing. In order to unpack how the "problem" of youth drug consumption is articulated and addressed, I analyse a corpus of Australian classroom drug education documents and social marketing campaigns aimed at young people. Classroom drug education and social marketing health campaigns are two strategies used in Australia's harm reduction approach to alcohol and other drug issues. Specifically, these interventions aim to delay the onset of, and reduce, young people's drug consumption, and to reduce the harm associated with such practices generally (Intergovernmental Committee on Drugs [IGCD], 2015). My approach, however, is very different from established research on drug education. Most work in this area is concerned with the "effectiveness" of such programs, often defined and measured as a reduction in drug consumption and harm. In contrast, I look closely at the ways in which young people, their social lives and the role of drugs in them are articulated in drug education. I analyse what it is that makes drugs and youth a problem and how drug education hopes to fix it. My analysis is guided by two key research questions:

- 1) How are young people, their social lives and their drug consumption constituted in Australian drug education?
- 2) In its constitution of young people and youth drug consumption, is Australian drug education likely to reduce harm?

¹ Throughout this thesis I refer to classroom drug education texts and social marketing texts. When discussing Australian drug education generally I will only refer to "drug education". References to drug education should be read as including social marketing campaigns aimed at young people, along with classroom drug education resources.

In short, my first research question is aimed at establishing how youth drug consumption is articulated in drug education. Without a rigorous analysis of the problem drug education seeks to address, I would not be able to develop a deeper understanding of its potential to solve it. Working within the confines of Australia's official aim of reducing drug-related harms, my second research question is aimed at assessing the potential of drug education to achieve this goal. I look closely at the kinds of information drug education provides and ask whether it is likely to contribute to young people's capacities to reduce drug-related harms.

Youth drug consumption in Australia

Drug consumption across the Australian population has been relatively stable for the last decade, with 15% of people aged 14 years and older having used an illicit drug in the last 12 months. Similarly, drug consumption rates among youth (aged 14–29 years) have remained steady since 2010 (Australian Institute of Health and Welfare [AIHW], 2014). Youth alcohol consumption, however, has declined. The AIHW reports that between 2010 and 2013 the proportion of young people aged 12–17 years abstaining from alcohol rose from 64% to 71% (AIHW, 2014). Young people continue to be more likely to drink at rates considered “harmful” and those aged 20–29 years are the most likely to have consumed an illicit drug in the last 12 months (27%) (AIHW, 2014). The most recent research suggests that young people's age of initiation into illicit drug consumption rose from 16.0 in 2010 to 16.3 in 2013, and the average age of initial alcohol consumption rose from 14.4 years in 1998 to 15.7 years in 2013 (AIHW, 2014). As such, the secondary school years (ages 12–18) have been identified as a key period in which young people may be introduced to the consumption of alcohol and other drugs. It is in this context that school drug education and social marketing health campaigns currently address young people and seek to reduce drug use and delay the onset of use (IGCD, 2015). While these large-scale quantitative projects provide useful statistics regarding rates of alcohol and other drug consumption, they tell us little about the meanings young people give to drugs, or their embodied experiences of them. As young people form a significant object of concern for alcohol and other drug policy and research (Allsop, 2012; Moore, 2010), it is important to consider the experiences not visible in the statistics. Chapter 1, “Drug education, youth consumption and the post-human”, contains a review of established qualitative research on youth drug consumption that provides insights useful for an analysis of drug education. For now, I turn my attention to the current orientation of drug education.

Australian drug education

Despite the acknowledged influence of party political and broader ideological interests in the design and implementation of drug education, classroom programs are still considered to be an important tool in efforts to reduce drug-related harms among Australian young people (Midford, 2010). It is often argued that classroom drug education is able to reach large audiences of young people in a cost-effective manner (Teesson, Newton & Barrett, 2012; Midford *et al.*, 2014).

School-based drug education tends to take two main forms: “targeted” and “universal”. Targeted approaches are developed for specific populations understood to be especially vulnerable to drugs. Contrastingly, universal programs are designed to be delivered to all young people (often according to age) (Teesson *et al.*, 2012). Although reaching large numbers of young people is identified as a strength of universal programs, improper delivery of programs is thought to be an impediment to their effectiveness (Teesson *et al.*, 2012). Improper delivery of drug education programs is, thus, a central problem for many drug education researchers and the “effectiveness” of these programs generally is the primary concern.

Many researchers are committed to developing effective classroom drug education (see, for example, Champion *et al.*, 2013; Cuijpers, 2002; McBride *et al.*, 2004; Midford, 2007, 2010; Midford *et al.*, 2012, 2014; Newton *et al.*, 2010; Soole *et al.*, 2008; Toumbourou *et al.*, 2007; Teesson *et al.*, 2012; Vogl *et al.*, 2009). In recent years there has been a substantial increase in the development of classroom drug education and prevention programs in Australia and worldwide (Champion *et al.*, 2013). This increase has occurred despite, or perhaps because of, a general failure of the majority of education programs to shape young people’s drug consumption practices in ways that accord with the goals of the intervention (Champion *et al.*, 2013; Foxcroft & Tsertsvadze, 2011; Midford, 2010). Similarly, the most recent extensive review of the effectiveness of social marketing campaigns does not report any significant changes in consumption practices and instead recommends more research be conducted (Ferri *et al.*, 2013). Despite the difficulty in proving the effectiveness of social marketing campaigns, they are still considered to be an important part of drug consumption prevention efforts (Scheier & Grenard, 2010). The use of randomised controlled trials is very common in this area. Recently, researchers using such methods began to assert that drug education has been shown to be effective. However, the results of this research are somewhat mixed. For example, Midford *et al.* (2014) report no difference between intervention and control groups in the rates of alcohol consumption or proportion of young people consuming at “risky” levels. However, they report that the students exposed to the drug education classes had “increased knowledge” about alcohol

and other drugs and experienced less harms associated with their consumption. These particular notions of effectiveness and how to measure it reflect earlier Australian research (see, for example, McBride *et al.*, 2004) and similar approaches have been adopted in research on social marketing campaigns (see, for example, Glider *et al.*, 2001).

Very recently this body of work has come under close scrutiny. Gorman (2015a), for example, argues that much research claiming drug education is effective (Gorman specifically cites Midford *et al.* (2014) here) is compromised by analytical flexibility. Gorman (2015a) argues that researchers deliberately mine data for desirable results in order to produce analyses that support favoured hypotheses. In another piece, Gorman (2015b) argues that researchers in this area sometimes embellish fractional differences between control and intervention group changes on measurement scales by presenting these differences as percentages. Although these criticisms are important, I am interested in asking more sociological questions, such as the way in which the definition of harms used in much of this research does not necessarily reflect consumer experiences and understandings of risk and harm (Duff, 2003; Hunt, Evans, & Kares, 2007; Lupton 2013). Given understandings of harm in research on the effectiveness of drug education do not always reflect young people's experiences, it is essential that research on drug education takes the organising concepts, such as "harm", "health" and even "youth", as subjects of analysis.

The goals of drug education

Aside from calls to focus on drug-related harms and population-level rates of consumption (Midford *et al.*, 2002) and to provide "accurate" drug information (Allsop, 2012; Department of Education Science and Training [DEST], 2004), the ethics and values of drug education pedagogy remain vague. Some drug education research has taken the goal of drug education as a primary concern. This research has criticised drug education's pedagogic focus on abstinence and delaying onset of use, recommending instead a shift towards harm reduction goals (Midford, 2000, 2007, 2010, Munro & Midford, 2001). These goals are often contrasted with abstinence approaches:

With harm reduction, the measurable objective is a reduction in harm, whereas with abstinence or use reduction the measurable objective is no or reduced use. This does not mean that a harm reduction programme cannot use abstinence or use reduction strategies, but these are not ends in themselves. (Midford, 2010, p. 1692)

Here, abstinence is only one potential avenue in working towards the broader goal of reducing harm. Other researchers in this field makes similar criticisms of current drug education, calling for pedagogy that distinguishes drug “abuse” from drug “use” and does not collapse the two (Nicholson *et al.*, 2013). These researchers provide a list of the concepts on which drug education of this kind would focus:

- history of human drug consumption;
- commonly taken drugs and their effects;
- purposes for which drugs are consumed;
 - drugs as a response to adolescent angst;
 - alternatives to drug consumption;
- hazards of any drug consumption and means of risk reduction, including
 - self-assessment of risk;
 - personal rules related to drug taking behaviour;
- drug dependence
 - its extent, nature, impact and treatment. (Nicholson *et al.*, 2013, p. 435)

Importantly, research often argues that harm reduction drug education needs to take a holistic approach to education. In this context, this is translated as a focus on skills such as decision-making, resistance training to counter social pressure, and improved self-esteem, as well as competencies specifically related to consumption, such as an awareness of standard drink measurements (Midford, 2010; Nicholson *et al.*, 2013). Current approaches to drug education present a particular set of problems that need to be addressed in the drug education curriculum. First, their focus on “adolescent angst” presents a particular notion of the young subject as in need of education. Importantly, in only offering the need to cope with “angst” as a key purpose for youth drug consumption, such approaches couch consumption practices in purely negative terms, ignoring the many other reasons and motivations for them. Second, their focus on “risk” and “personal rules” presents drug consumption as primarily defined by risk, and the sovereign young subject as the central agent in defining these risks. Third, the common focus on resistance training presents social relations and peer groups as a particularly important and potentially dangerous force in young people’s lives. Fourth, drug dependence appears as a self-evident phenomenon and one that may well be the ultimate risk associated with drugs. Fifth, these approaches constitute all drug consumption as intrinsically harmful (although these harms can be mediated by interventions such as drug education). Further, the sole focus on risk and harm also entails little or no engagement with the pleasurable aspects of drug consumption, which are

important motivations in these practices (see, for example, Harrison *et al.*, 2011; Hunt & Evans, 2008; MacLean, 2005; Pennay & Moore, 2010).

What is youth? Who are the young subjects of drug education?

When analysing interventions such as drug education, it is essential to look closely at how its subjects are constituted; for example, to ask the question “what is youth?” In a 2010 piece, Moore carefully critiqued the dominant understandings of young people in alcohol and other drug policy. Moore questioned the validity and usefulness of the way media and alcohol and other drug policy construct young people as disordered, dangerous, incompetent and ignorant (p. 476). These homogenising discourses assume a cognitively and morally impaired young person incapable of regulating consumption practices (Moore, 2010, p. 481). Moore concludes by arguing that these discourses “obscure the variety, complexity, and strategic nature of drinking and drug-using practices” (2010, p. 494). Although this criticism is supported by a large amount of qualitative research (to be reviewed in the following chapter), such discourses remain common. How did they come to be? How are these notions held together? Are similar notions of young people constituted in alcohol and other drug research?

The developing young person

The concept of “development” is key to contemporary understandings of youth and young people. Youth theorists have traced the philosophical lineage of developmental concepts of youth to Enlightenment thinking, in which it was established as a discrete developmental stage. Philosophers such as John Locke and Jean-Jacques Rousseau theorised childhood as an imperfect stage in which young people were yet to develop “reason”. In this thinking, the capacity for reason is considered to be the defining feature demarcating “adulthood” from youth (Gabriel, 2013). Importantly, such approaches theorise young people in relation to what they are thought to lack: reason. In emphasising a notion of the young person as incomplete and inadequate, a human subject that is ontologically lacking is constituted in order to stabilise another concept: the adult. This remains an influential way of understanding young people. Although, according to this perspective, adults and children have the same natural potential, there is an essential difference between the two, meaning young people’s capacities must be brought up to the level of adult reason (Gabriel, 2013, p. 24). These very early notions of youth as defined in relation to an as yet unattained concept of adulthood continue to influence contemporary notions of youth development.

The contemporary enactment of the concept of the developing adolescent stems from 20th century psychology (Ayman-Nolley & Taira, 2000). As a part of Enlightenment thinking, early developmental psychology conceptualised youth or adolescence as a discrete “life stage” determined by an internal or essential state of being. Influential conceptualisations of this life stage were established by psychologists such as Hall (1904), Vygotsky (1931), Piaget (1967) and Erikson (1968). From the outset, adolescence was understood as a particularly problematic stage of development. One early example can be seen in Hall’s claim that from the age of 12 there is a marked increase in criminal activity and that the “proportion of juvenile delinquents seems to be everywhere increasing” (Hall 1904, p. 325, cited in Ayman-Nolley & Taira, 2000). This particular claim is an early example of the anxiety that young people somehow intrinsically threaten orderly governance.

During these early investigations adolescence was emerging both as a period of “storm and stress” as famously coined by Hall (1904 cited in Ayman-Nolley & Taira, 2000, p. 36), and as a stage in which the much-heralded faculties of abstract and reflexive thought developed. Notwithstanding these early divergences, developmental perspectives, and more recently, related neuroscientific accounts of the “teen brain” (Bessant, 2008; Wyn & White, 1997), mirror Enlightenment concepts in that they share an understanding of young people as lacking the capacities of fully formed adults. Following this logic, youthfulness itself is essentially “not-adult”. Young people are not-rational, not-developed, and not-socialised, and require all-knowing adults to guide them on their life path to adulthood (Lesko, 2001). One consequence of this conception is that, as in Hall’s claim over 100 years ago, young people are considered to be an essential social problem until they are successfully ushered into adulthood. These understandings constitute young people as lacking the rationality required to keep themselves and others safe from their innate propensity for engaging in risky practices such as drug consumption. As such, until they have fully developed, they are both a risk to themselves and to those around them. Within these conceptualisations of adolescence, the development of a cohesive identity is based on the possession of the right balance of mental abilities and experiences, enabling the transition to the “next stage”. In short, developmental psychological conceptualisations of youth and adolescence theorise young people as in “transition”, charting age-related developmental stages inevitably leading to adult-level maturity and mental function (Gabriel, 2013).

Sociological critiques of developmental understandings of young people, and especially of the psychological construct of adolescence, argue that these concepts ignore the social contexts in which notions of youth are enacted. As such, the ways in which specific understandings of youth emerge out of particular historical, cultural and economic contexts remain unacknowledged (Cohen & Ainley, 2000). Regardless of these criticisms, developmental concepts of young people remain extremely influential in youth alcohol and other drug research, including some sociological research (Moore, 2002). The developmental approach to drug consumption theorises young people as physically and psychically developing according to categorical age groupings (Lesko, 2001; Wyn & White, 1997). As argued by Wyn and White (1997), adolescence epitomises the categorical approach to youth in its assumption of essential youthful characteristics according to age. Here, the idea of adolescence assumes a link between physical growth and social identity, normatively constructing all young people as travelling along a developmental path leading to “adulthood” (Wyn & White, 1997).

Young people’s life transitions

A similar understanding of young people’s social development is reflected in the widely held notion of youth “transitions”. This has become so entrenched for understandings of youth that some scholars now refer to it as a “master metaphor” (Cuervo & Wyn, 2014). The transitions concept portrays youth as a progression between the more stable categories of childhood and adulthood (Worth, 2009). Much like the developmental paradigm, the transitions concept imagines a young person on a steady course from dependence to independence through discrete stages that end in adulthood. The movement from dependence to independence can be conceptualised both “socially” as a relationship to institutions or economic structures *and* as the natural development of a body on its way to achieving full functionality.

Developmental and transitional understandings of youth have been heavily criticised in social science research (Cohen & Ainley, 2000; Cuervo & Wyn, 2014; Gabriel, 2013; Lesko, 2001; Wyn & White, 1997; Wyn & Woodman, 2006). In summarising these criticisms, Wyn and Woodman (2006) argue that the developmental and transitional paradigms assume that:

- (a) there exists a normative transitional process, from which young people deviate; (b) youth is a linear process or position on a life-course; and (c) culture, economy and politics simply add “flavour” or context to the development process. (p. 498)

In sum, Wyn and Woodman (2006) argue that these approaches to youth set out a linear development and transitional narrative in which any divergence is constituted as a problem

without accounting for the importance of young people's political, social and economic contexts. Generally, these criticisms start by arguing that notions of youth or adolescence must be understood as cultural constructs. Cohen and Ainley (2000) argue that meanings of age are defined by the prevailing social, political and economic relations. Discourses of development rely on essentialist notions of psychosocial development (Cohen & Ainley, 2000), which efface the ways in which these enactments of youth, and the life stages through which young people are thought to transition, align with idealised neo-liberal political and economic ideals (Cuervo & Wyn, 2014). By focusing solely on the individual, these theories ignore the material conditions of young people's lives. In doing this, psychological traits are positioned as the source of social structural inequities and the reason for the institutionalisation and control of young people (Lesko, 2001). By constructing normative pathways, these narratives judge all young people who live non-normative lives and follow alternative trajectories as intrinsically deficient and "at risk". The discourse of "risky" youth is central to the idea that young people are fundamentally a societal problem. Young people in this sense are both victims of society and a threat to it (Wyn & White, 1997).

Social science research specifically on drug education and young people is similarly preoccupied with notions of "risky" youth. This preoccupation appears in research on adolescence (Stevens *et al.*, 2007), brain development and drug consumption (Kelly, 2012), and drug education pedagogy (Blackman, 2004). Young people have been, and continue to be, of particular concern in alcohol and other drug research (Keane, 2005b; Moore, 1990; 2002). This concern stems from the way young people, youth or "adolescents" are understood here. Notions of development and the "teen brain" construct youthful lives as inherently problematic, structured by the whims of their hormones (Stevens *et al.*, 2007) and a desire for "sensation seeking" (see, for example, Romer & Hennessy, 2007). A presumed result of this disposition is a "natural" tendency for "seeking chemical relief" from the "emotional and social" turmoil that is assumed to structure adolescence (Keane, 2005b, p. 193). These understandings of young people inform drug education and health promotion more generally. Conceptualising young people as unfinished subjects facilitates assumptions about their susceptibility to drug consumption and ability to practice moderation. For example, the argument that drug education should teach decision-making skills assumes that young people lack such skills. This focus further assumes that if young people learn correct decision-making skills they will naturally avoid drugs. Working within these understandings of youth, health promotion has the challenging task of informing young people about the risks posed by both themselves and the world around them.

The preoccupation with deficits of one kind or another and young people's inability to manage risks caused by themselves and the world around them is especially pronounced in both sexual health promotion (Bishop, 2013) and drug education (Tupper, 2008b). One criticism of this focus on risk is that, in the same way the developmental paradigm defines young people according to what they are not (not-adult), it is also predicated on young people's failure to protect themselves because of what they lack; "rather than focussing on the techniques and attitudes that facilitate healthy, enjoyable sex, emphasis is often on young people's 'failure' to protect themselves. Too frequently we hear of what they lack" (Bishop, 2013, p. 125). These narratives are heavily invested in the "coming-of-age" discourse which presumes a natural and innocent youth that must eventually achieve full personhood and subjectivity as a stable and enduring adult. Positioning young people as originating in lack has a further effect: the creation of a stable "adult" identity that emerges from the turbulent and unstable "youth" (Gabriel, 2013; Wyn & White, 1997).

Recent investigations into concepts of youth mental health and behavioural "disorders" such as Attention-Deficit Hyperactivity Disorder (ADHD) are illuminating for this discussion (Bowden, 2014; Graham, 2007; Tait, 2001). In an analysis of medical statements about problematic behaviour and ADHD diagnostic criteria, Graham (2007) provides a succinct example of the ways conceptualisations of ADHD constitute specific youthful subjectivities that work towards disciplinary ends. Graham draws on diagnostic questionnaires for ADHD to argue that the enactment of the disorder is based upon the behavioural demands of schooling (2007).

Questions about classroom activities are common in diagnostic questionnaires and manuals. For example, failing to pay close attention to details in schoolwork or finish schoolwork are two of the diagnostic criteria for ADHD in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*. By privileging the self-governance demanded in school classrooms, this conception of ADHD works to enact particular conceptualisations of the ideal young person. The "behaviourally disordered" child is spoken into existence at the same time as the self-governed and compliant child is articulated (Graham, 2007). Again, the young person who is not engaged by classroom activities is individually blamed for disengagement, and educational practices are not questioned. Graham's (2007) exploration of the enactment of ADHD points to the way that unique notions of youthfulness can emerge out of locally contingent arrangements of meanings and practices. These enactments both rearticulate broader societal discourses and remain specific to their context. Various understandings of youth have diverse effects, but the

justification and imperative to intervene in young people's lives is one consequence of all the concepts of youth discussed so far. This alone makes it necessary to carefully and critically consider the notions of young people and their lives articulated in drug education strategies.

In sum, dominant understandings of “youth”, such as the psychological concept of adolescence, emphasise an essential but passing stage of linear development. These understandings have been criticised for effacing the importance of social context and presenting youth as one stage in a development process in which young people must achieve a series of normative milestones inevitably ending in adulthood. By constructing normative pathways, these narratives judge all young people who follow different trajectories as intrinsically deficient and “at risk”. Drug consumption is one such activity that can put the development of a young person at risk. Understandings of young people as lacking the capacity for self-regulation and control are particularly important for my analysis. Such assumptions are held in place in drug education through the focus on decision-making as a skill young people lack and must therefore be taught. Health interventions, such as sexual health promotion, highlight the way education programs work within the confines of broad discourses while rearticulating them in ways specific to the context in question. These understandings of young people call into question what is currently understood about youth drug consumption practices and self-control.

Approaching the data

The data of my thesis are drawn from classroom drug education and social marketing texts. As I progress through my analysis, I introduce different education and marketing texts in order to examine how they constitute young people and their lives. I analyse these productions using concepts drawn from the philosophy of Deleuze and Guattari and tools found in Science and Technology Studies (STS) (many aspects of which are inspired by Deleuze and Guattari). At this early stage I want to make one methodological point: my analytical task is not geared towards producing a “true” or objective account of drug education. Rather, my approach should be understood as mutually implicated in my analysis. As STS scholar John Law (2004) argues, “methods, their rules, and even more methods’ practices not only describe but also help to *produce* the reality that they understand” (original emphasis, p. 5). Here Law makes the point that how we conduct research is implicated in what we find. For my purposes, this means that the concepts I use in my analysis work to partly constitute what they describe. The influence of conceptualisations of young people on drug education practices is of primary importance here. This also means that the ways in which young people are conceptualised in drug education works

towards shaping audience's drug consumption practices and harm reduction capacities. However, my text analysis method does not allow me to make concrete claims as to how these texts are taken up, rejected or otherwise experienced by their target audiences. Rather, *I make political and ethical assessments of the intentions of drug education and social marketing, and consider whether they are focused on reducing harm.*

Given I have foregrounded the importance of concepts here, I now briefly introduce one particularly significant concept for my analysis: Deleuze and Guattari's (1987) "assemblage". The notion of "assemblage thinking" is explored in some detail in Chapter 2. For now it is sufficient to note that my project takes the assemblage as the primary ontological unit of analysis. In approaching drugs and drug education in this way, I conceptualise all phenomena as mutually implicated "multiplicities", ontologically constituted by their relations with other phenomena. It is these relations that constitute each "thing" and shape what it can achieve, or its affects. Importantly, this means that all phenomena are made in particular encounters with each other; encounters that Deleuze (1988) argues are either "good" or "bad". Further, if all phenomena are assemblages, then so is this thesis. My argument emerges from an assemblage of forces such as drug education texts in Australia, available concepts and my own scholarly and personal experiences. The thesis is thus an assembling of certain human and non-human forces. In this sense, my thesis is an attempt to map an assemblage. I first pull certain forces apart into separate chapters before bringing them back together to see how they emerge and take shape together (see Chapter 8). Chapters 4, 5, 6 and 7, then, map particular forces in a drug education assemblage, but as the last analysis chapter (8) shows, it is only together that they produce the notions of young people, their lives and drugs mobilised in drug education and social marketing in Australia.

How this thesis progresses

This thesis begins with a literature review that discusses established research relevant to my analysis and positions my thesis in relation to work on drug education and youth drug consumption. I argue that my thesis builds on and contributes to two areas of research: (1) critical drug education research and (2) post-human drug studies. Here I show that critical drug education research highlights a range of normative assumptions about young people and drugs that underpin the knowledge taught in drug education. I then move on to look at research on how health interventions have been understood to shape subjectivities. From here I review qualitative literature on youth alcohol and other drug consumption. I identify four key concerns

in this literature: decision-making and rationality, sociality and pleasure, the environment of consumption, and gender. Next, I introduce post-human drug studies as a field of qualitative alcohol and other drug research, and review the key contributions made in this area of research. I suggest that critical drug education research is yet to benefit from a range of important conceptual implications of post-human drug studies. In drawing together these two areas of research, my thesis makes a conceptual contribution to both fields. I build up a conceptual argument as I review all the literature in this chapter. Drawing on post-human concepts, I suggest that each of the concerns that I identify should be approached relationally. That is, concepts of decision-making, gender and so on should be understood to be shaped by, and give shape to, each other in moments of consumption or drug education. Overall, I argue for the merits of analysing the ways in which drug education articulates rationality, sociality, consumption environments and gender, and that a post-human analysis of these forces (one that I conduct most vividly in the last analytical chapter on “parties”) provides a compelling picture of the potential for drug education to reduce and produce harms, including harms beyond those usually denoted as “drug-related”.

Chapter 2 is devoted to establishing a theoretical orientation for analysing the notions of youth and drug consumption articulated in drug education. My discussion is guided by two primary concerns. First, I detail an ethical and ontological orientation for how and why I conduct my research. Second, I introduce the major concepts I work with in my analysis. My primary ontological grounding and ethical orientation is drawn from the work of Gilles Deleuze, both alone (Deleuze, 1988), and in collaboration with Felix Guattari (Deleuze & Guattari, 1987; 1994) and Claire Parnet (Deleuze & Parnet, 1987). I couple their thinking with key concepts used by STS thinkers John Law (2004), Annemarie Mol (1999) and Bruno Latour (2004). Put simply, this chapter establishes a performative and relational approach to analysing drug education. I argue that drug education should be understood as a practice of reality enactment in which certain possibilities are foregrounded while others are backgrounded or erased from view. This highly political process works to assemble particular realities about drugs, young people and health. I argue for the utility of “assemblage thinking” as a way of moving away from essentialist accounts of youth and drugs that position drug consumption as necessarily harmful and unethical. This conceptual shift, I argue, is necessary if drug education is to both engage its audiences and provide them with the necessary resources to reduce drug-related harms. I then focus on the ethics of drug education. I argue that drug education should be primarily judged according to whether it is likely to increase or decrease young people’s agential capacity for reducing harm

(“drug-related” or otherwise). It is also important to consider whether and to what extent drug education reproduces unethical and unhelpful normative assumptions about young people, drugs, health, and—of particular focus in Chapter 7—gender and morality.

In Chapter 3 I set out a robust research method that works with the theoretical orientation established in Chapter 2. I argue that my analysis must look at what drug education texts are likely to “do” or the kinds of “realities” they are likely to enact. In order to achieve this I introduce Carrol Bacchi’s “What’s the problem represented to be?” approach (Bacchi, 2009). By looking at particular “problematizations” within drug education I am able to explore the realities of drug consumption it is likely to make more or less possible. From here my analysis is a case study focused on establishing new possibilities for youth drug education. I finish the chapter by introducing and describing in detail the data analysed in the following chapters.

Chapter 4 is the first of five data analysis chapters. It focuses on my first concern: the articulation of youth rationality through decision-making. I argue that drug education presents decision-making as a discrete skill to be learnt. Decisions are presented as defined by a rational process of listing dangers, analysing courses of action and deciding on how to proceed. Importantly, the ways in which drug consumption is characterised present only one rational choice: saying “no” to drugs. I argue further that the decision-making model and the notion of rationality it relies upon are ultimately individualistic. It is unable to account for the range of forces active in drug consumption events that work to constitute the capacity to make a decision and the courses of action available. I argue that by effacing the importance of other forces, drug education texts not only present an incomplete picture of decision-making, agency and rationality but work against increasing young people’s awareness of the resources they can draw on when making decisions about drugs.

Chapter 5 looks closely at how drug education materials frame young people’s sociality and its relationship with drug consumption. I argue that despite the individualistic approach to decision-making, drug education is not completely blind to the social dynamics of drug consumption. However, young people’s social relations and friendships are characterised using a simplistic narrative of peer pressure. This focus builds on the previous chapter by looking at how drug education understands the influence young people have on each other’s decisions. I argue that young people’s friendships do not appear as complex social relations here. Instead they are characterised by “good” friends who influence each other to make the rational decision of

abstinence, and “bad” friends who pressure each other to consume drugs. In this sense, these materials rely on a series of conceptual binaries such as good/bad and healthy/unhealthy that work to hold in place other binaries such as child/adult. I argue that drug education must move beyond such binary distinctions if it is to begin to approach sociality with the complexity required to positively engage with young people and to understand the role of drug consumption in their friendships and social relations.

In Chapter 6 I turn my attention to how consumption environments are approached in drug education. I focus on the spatial-temporal locations in which drug education imagines young people are making decisions about drugs and pressuring each other into consuming them. Drug education enacts the place and time of consumption through a model I call the “drug experience triangle”. This is a model of drug consumption settings in which drug experiences or “consequences” are defined by the interplay of drugs, people and places. Found in both classroom materials and social marketing texts, I argue that this model draws heavily on Zinberg’s (1984) notion of “drug, set and setting”, an approach that is now quite dated compared with assemblage thinking (see Duff, 2007; 2011). Like Zinberg’s original formulation, the drug experience triangle positively directs attention beyond individuals and drugs and draws into focus the importance of social contexts of drug consumption. However, I contend that the use of this model is a lost opportunity for drug education. Despite the focus on setting in the drug experience triangle, the vast majority of classroom exercises and social marketing narratives remain almost solely concerned with individual decisions and responsibility. I take this argument a step further to suggest that any model that approaches drugs, people and places as ontologically distinct may efface a range of important forces including the space and time of consumption.

In Chapter 7 I return to the data assembled in the previous three chapters to focus on how gender is constituted through the notions of decision-making, peer pressure and settings already discussed. I first look at the notion of decision-making. I argue that on close inspection, the notion of decision-making constitutes femininity as a problem to be listed and analysed, which enjoins young women, more so than young men, to abstain from drugs. The constitution of gender through the notion of peer pressure is my next focus. I argue that the notion of peer pressure necessarily constitutes “victims” who are not wholly responsible for their drug consumption. However, this leeway is not afforded young women. Rather, unlike young men in drug education materials, they appear as solely responsible for their consumption choices and,

importantly, any danger they experience during such events. In this way, young women do not appear as “pressured” and are instead responsibilised to a greater degree than young men. Moving on, I argue that the drug experience triangle constitutes gender in three important ways. First, the notion of “set” (which corresponds loosely with psychology or “mindset”) presents familiar approaches to gender as a biological trait (sex) with the consequence of positioning feminine consumption as intrinsically more dangerous than masculine consumption. Second, examples of drug consumption “settings” tend to position young women as intrinsically vulnerable and their consumption as essentially problematic. Here, young men’s role in contributing to danger and vulnerability is not questioned and indeed is instead naturalised. Overall, in this chapter I argue that through notions of decision-making, peer pressure and settings, drug education works to re-enact a range of inequitable and dangerous gendered double standards about responsibility, violence and comportment.

The eighth and final data analysis chapter draws together each analytical focus of the thesis to show how they emerge together in accounts of youth parties. By combining concerns I foreground the notion of the assemblage, which highlights the co-constitution of each force heuristically separated in the previous chapters. I argue that focusing on parties allows an effective case study of how each of the forces analysed in the previous chapters works to reflect and maintain the others. I look closely at two example narratives of parties presented to young people in drug education texts. I point to the way these narratives characterise parties as events defined by risk, danger and physical intoxication (often figured by vomit). In these narratives young people pressure each other into making poor decisions. Attention is drawn especially to young women whose consumption appears as especially risky and regrettable. Again, despite the drug experience triangle, the settings of these parties “do” very little and act merely as backdrops to consumption. Overall, I suggest that drug education does not present partying as a sufficiently complex and meaningful set of practices with specific pleasures and risks. In failing to approach parties with the complexity they warrant, drug education is unable to provide young people with the resources necessary to negotiate and assemble such events. As such, drug education again fails to contribute to increasing young people’s capacity to assemble safer drug consumption events.

In the concluding chapter, I draw together the themes and issues I have explored and argue for a new direction in the ways young people are approached in classroom drug education and social marketing campaigns. This necessarily requires a reconceptualisation of the very goals of such

interventions. I argue that drug education may well be improved by emphasising, rather than obfuscating, the range of forces that come together to shape the agential capacity to reduce harm and, importantly, enhance pleasure. Overall, I argue that drug education may well be improved if it moves to a model of “agential capacitation” in which the goal becomes not only to reduce “drug-related harms” but to increase young people’s sensitivity to the plethora of resources and forces they can “mould” in order to shape drug events in safer and more ethical ways. As I will make clear throughout my analysis, without a radical reconceptualisation of the goals and ethics of drug education such as those I recommend, drug education will produce and reproduce social harms both related and unrelated to young people’s drug consumption.

Chapter 1: Drug education, youth consumption and the post-human

This thesis builds on, and contributes to, two research literatures. The first literature can be broadly categorised as “critical drug education research” and the second as “post-human drug studies”.

In contrast to the drug education research concerned with “effectiveness” introduced in the previous chapter, critical drug education scholarship takes the politics and goals of drug education as central concerns for analysis. As I will show in the first principal section of this chapter, critical drug education research tends to be concerned with the normative agendas and assumptions that shape drug education practices. I then contextualise critical drug education research by briefly reviewing research concerned with the process of subjectification through health promotion in general. I note that health intervention strategies are often analysed using concepts of governmentality. However, in order to account for the specificity of the governance of drugs, I argue, researchers also need to look closely at the ways in which health interventions articulate “exemplary” failed subjects. I argue that critical drug education research has yet to analyse the notions of youth produced partly through exemplary power. The third section of this chapter focuses on qualitative youth alcohol and other drug research. An examination of this literature suggests the need for more work on the themes I have already specified: young people’s rationality and self-regulation, sociality and the role of drugs in it, consumption environments and gender. This section also consistently points to the importance of pleasure in much alcohol and other drug research. As I progress, I argue for the importance of examining events of consumption so that all the aforementioned concerns are taken into account as co-constituting each other in particular moments. Existing research on young people’s parties and partying provides some useful resources for an analysis of this kind.

In the second literature review in this chapter I dedicate some time to the area of research to which my thesis contributes directly: what I categorise as “post-human drug studies”. This subfield of alcohol and other drug research draws inspiration from a range of relational, performative or post-human philosophers such as Deleuze and Guattari, STS scholars Latour, Mol and Law, and feminist science studies scholars such as Karen Barad. In this section I review the key contributions made in this area and explore their significance. I argue that by

approaching all forces active in drug events as relationally co-constituted phenomena, post-human drug scholarship has important implications for understandings of materiality, the process of knowledge production and the ethics of health interventions. Importantly, critical drug education scholarship is yet to engage with the conceptual resources made available in post-human theories in any significant way. This is one of the primary contributions of my thesis. By applying conceptual insights from this subfield of research to critical drug education research, I make an original contribution to both post-human drug studies and critical drug education research.

Critical drug education research

Critical drug education research is a small but growing area of scholarship. I categorise this work as “critical” due to the way researchers in this area approach the normative agenda, goals and constructions of health in drug education. This contrasts with the research on “effectiveness” introduced in the previous chapter which simply accepts that drugs are intrinsically dangerous and seeks to measure the effectiveness of drug education in convincing young people of this. In this section I first identify and discuss useful contributions made in critical drug education research before reviewing some limitations. Critical drug education research has identified several weaknesses in the assumptions in, and delivery of, drug education messages. The information provided in drug education is one important limitation. Blackman (2004) argues that drug education tends to provide information against drugs rather than about drugs. In this way, even harm reduction drug education which also emphasises risk and harm works to constitute all drug consumption as inherently dangerous and potentially abusive (see, for example, Farrugia, 2014). Providing such narrow information suggests that drug education may be more coercive than “educative” (Blackman, 2004).

Although it is often argued that effective drug education provides young people with resources to make their own decisions (Midford, 2010; Nicholson *et al.*, 2013), what decisions are actually made available is an important question. Critical drug education researchers argue that in presenting such limited information, young people are only provided with one “rational choice”: saying “no” to drugs (Blackman, 2004; Tupper, 2008a). One way this is achieved is by presenting all drugs as intrinsically dangerous entities and the consumption of them as only ever motivated by negative influences such as peer pressure, stress or the desire to escape harsh realities (Farrugia, 2014). Approaching drugs in this way frames drug consumption as a fundamentally irrational practice without any purpose.

Further research has identified the focus on “risk” in drug education as a significant limitation (Tupper, 2008a; 2008b). In this context risks are presented as objective assessments of the dangers of certain activities and substances. What is not acknowledged, however, is that the notion of risk is itself a value judgement (Duff, 2003). Tupper (2008b) argues that these limitations and the focus on risk create a morality of “healthiness” through the privileging of certain practices over others. More recently, Tupper (2014) argued that education programs about issues of “vice” such as sex and drugs often work within the confines of binary distinctions such as purity/pollution. These distinctions position young people who consume drugs as morally or psychologically compromised and either bad (deserving punishment) or sick (requiring treatment). Considering these limitations, Tupper (2014) questions whether drug education is able to engage with the complexity of young people’s drug consumption practices and whether formal schooling has any productive role to play in educating young people about drugs.

Critical drug education researchers have also criticised the provision of simple physical health directives in drug education (Beck, 1998; Blackman, 2004; Tupper, 2008b). The provision of such basic information stems from an assumption that young people will practise safer drug consumption once they have been taught the physical risks of drugs. Approaching young people in this way prevents meaningful engagement with their potential desires for pleasure or enjoyment or the complex positions drugs may occupy in their lives. Instead, drug education operates according to the idea that armed with the right “objective” knowledge about the risks drugs pose to their health, young people will enter the world with the desire and ability to “know” rather than only (say) “no” to drugs (Beck, 1998; Tupper, 2008b). In this way, drug education is supposed to convince young people of the “objective” dangers of drugs rather than simply expecting them to say no according to a moral principle. In this individualistic focus, drug education constitutes drug experiences and the potential harm that can emerge in conjunction with them as stemming from individual “choices”. Given this orientation, it is unsurprising that drug education has been identified as another site in which neo-liberal forms of subjectivity are articulated (Farrugia, 2014; Leahy, 2013).

Although the arguments presented in critical drug education scholarship are important, they are inadequate in key ways. First, the binary established between “coercive” and “educative” education does not quite attend to the complexity of education practices. Second, while value

judgments are indeed present in the notions of risk in drug education, this does not in itself compromise its legitimacy. All education is a governing process in which certain forms of knowledge and certain subjects are privileged over others. From this position, Tupper's (2014) question about the role schooling has to play in education about drugs and other issues of "vice" is important. Yet, as emphasised in research on subjectification, all health promotion practices are processes in which certain subjects and certain "facts" are constituted. In this sense, drug education can be approached as one practice that contributes to the ongoing constitution of reality in particular ways. Understanding drug education in this way means any analysis of it must look beyond what information is or is not provided, whether education is "accurate" or "inaccurate", or whether it is merely coercive, to also make ethical and political assessments of the kinds of possibilities education attempts to assemble. I return to these concerns in my later section on post-human drug scholarship.

Neo-liberal subjectification in health promotion

Drawing inspiration from the later work of Michel Foucault and heavily influenced by Nikolas Rose, governmentality-inspired research has mounted criticisms of health promotion and health policies more generally that are similar to those made in critical drug education research. Researchers in this area often investigate the art of government and (neo) liberal subjectification at work in harm reduction drug policy and practice (Bunton, 2001; O'Malley, 1999), understandings of youth and risk (Kelly, 2003; 2006), health promotion materials for people who inject drugs (Fraser, 2004; Fraser & Treloar, 2006) and the politics of health education (Gastaldo, 1997). There are two key points made within this body of work. First, researchers have argued that the ideal subject of contemporary neo-liberalism is intrinsically individualised and autonomous, self-governing, enterprising, "rational", risk-averse and health-conscious (Duff, 2003; Fraser, 2004; Lupton & Petersen, 1996; MacLean, 2008; Moore, 2004; Moore & Fraser, 2006; O'Malley 1999, O'Malley & Valverde, 2004). This is a subject with a responsibility to say "no" to drugs and one understood to have an unwavering agential capacity to do so. Such approaches have been thoroughly criticised for a range of weaknesses: effacing the importance of structural forces in shaping drug consumption and focusing solely on individual responsibility; lacking a consideration of emotion; and, overall, providing an unconvincing account of the range of forces that shape individual agency, decision-making and experiences of harm (see, for example, Bourgois, 2003; Fraser, 2004; Moore & Fraser, 2006; Rhodes, 2002). Second, inspired by the governmentality theories of Nikolas Rose and others, many health researchers working

within this paradigm argue that health policy enacts an inherently agential, rational individual subject that must avoid drug consumption and act always in the interests of health. This is a subject that is not forced into certain health practices but is instead, through the adoption of self-monitoring and internalising the medical gaze, “governed at a distance”. In this account of subjectification, health subjects are “obliged to be free” within a sphere of regulated autonomy (Rose, 1996, p. 17). As Lupton (1995, p. 11) summarises:

It is not the ways in which such [health] discourses and practices seek to overtly constrain individuals’ freedom that are most [...] important to examine, but the ways in which they invite individuals to voluntarily conform [...] to discipline themselves, to turn the gaze upon themselves in the interests of their health.

Within this space the ideal subject must *continuously* self-govern, improve and maintain its human capital (Petersen, 1997). Gastaldo (1997) notes that subjects of health education are invited to make decisions about their health and actively care for themselves. People are thus *invited* into a process of subjectification in which they consider different notions of what is expected from “healthy” and “sick” people. This is an approach that understands subjectification as a process of affirmation. Subjects are offered (limited) notions of what it means to be healthy, responsible or safe and it is up to the empowered individual to say “yes” to these articulations. Yet, these approaches do not quite capture the process of governance operating in drug education. If drug education is part of the school curriculum, for example, young people may indeed be literally forced to sit through drug education classes, making it problematic to dismiss the constraints on individual freedom in the way that Lupton (1995) does above. Further, although people are invited to voluntarily conform to drug legislation, there may be very serious legal consequences for some of those who fail to do so.

Kane Race (2009) has drawn on these theoretical insights in his notion of “exemplary power” (p. 59). Race argues drug policy cannot solely be understood through notions of governing at a distance and “soft” forms of surveillance. The law is one particularly important actor here in that people who manufacture, distribute and consume drugs can be incarcerated. Drug laws are one of the “harder” mechanisms of control and subjectification that flank the “softer” forms of social control (Race, 2009). In addition, as with Foucault’s (1978) “sovereign power”, drugs are governed partly through public displays of the abject: these are understood as forms of exemplary power. For example, in Australia, the state Victorian Government’s 2016 “What are

you doing on ice?”² (Methyl amphetamine) campaign presents television viewers with narratives of young people ruining their lives through drug consumption. These narratives, which essentially chart a linear narrative of “before” and “after ice”, work with forms of exemplary power to provide young people with examples of who and what they will become if they fail to say no to drugs. Both social marketing and classroom-based drug education provide particular subject positions from which young people are enjoined to draw on their knowledge and say not only “no” but also “(k)no(w)” to drugs. These examples comprise one “exemplary” aspect of drug education within which young people are not only compelled to be “healthy” but also provided with examples of the kind of abjection they will embody should they *choose* otherwise. From this position drug education can be understood as enacting a form of exemplary power in that it characterises certain practices of consumption as examples of bad conduct. Importantly, gender is a particularly significant force in this process. Recent research has focused on the way that health promotion campaigns and drug education strategies often rely on normative assumptions about femininity and masculinity (Brown & Gregg, 2012; Farrugia, in press; Moore & Valverde, 2000). For example, Brown and Gregg (2012) and Farrugia (in press) argue that health promotion campaigns and classroom drug education present young women’s drug consumption as doubly problematic and as compromising their worth as feminine subjects. In this way, young women who consume drugs are presented as abject subjects who have become ontologically compromised. In emphasising the role of example in his notion of exemplary power, Race (2009) adds a useful dimension to established scholarship on the constitution of subjects in health promotion and drug policy. The particular role drug education plays in this process is yet to be analysed in critical drug education research.

Outside of research on the effectiveness of drug education, a few studies have pointed to a range of limitations of drug education practices. It is often argued that drug education fails to be truly educational and instead largely acts to produce the neo-liberal subject (Blackman, 2004; Leahy, 2013). The process of neo-liberal subjectification has been analysed in other health contexts (Fraser, 2004; Gastaldo, 1997; Lupton & Petersen, 1996). However, the specific understandings of young people and drugs in drug education and the ways in which these attempt to shape young people’s subjectivities and consumption practices is yet to be researched in detail (see, for an exception, Farrugia, 2014, in press). This is particularly important, because other researchers have argued that notions of young people as intrinsically vulnerable to dangerous consumption

² Campaign resources available here: <http://www.health.vic.gov.au/ice/ice-facts.htm> (accessed 14/06/2016). Television advertisement archived here: <http://www.webcitation.org/6X72M9gs4> (accessed 18/03/2015)

are used as justifications for coercive drug education strategies (Ettore & Miles, 2002; Tupper, 2008a).

Although the research discussed above offers many important political and ethical insights, in this thesis, I seek to move beyond it in a significant way. Aside from questioning the notion of “risky” and “vulnerable” youth, no drug education research has yet analysed in depth the concepts of “youth” or “young people” mobilised in drug education, or how they produce particular forms of neo-liberal subjectivity. Importantly, the research on neo-liberal subjectification in drug education and health promotion reviewed above primarily engages with the discursive production of subjects or people. Considering the importance of substances (drugs) and emotional investments in materials of drug consumption (syringes, pipes and so on), an analysis of drug education needs to draw together a wider array of forces, both human and non-human, and to pay close attention to their particular connections which also contribute to the process of subjectification. Attempting to map more fully the array of phenomena articulated in drug education, which work to constitute particular notions of young people and their consumption, will be one of the main tasks of this thesis.

Youth alcohol and other drug consumption research

Thus far I have reviewed the literature on critical drug education and modes of subjectification through health promotion. In this next section I review qualitative research on youth alcohol and other drug consumption. From here, I argue for the importance of an analysis of how key concerns are approached in drug education. Importantly, the forces that I focus on speak directly to the assumptions about young people’s capacities and lives introduced in the previous chapter. As I argued there, dominant notions of youth constitute young people as incapable of self-regulation and as requiring intervention in order to complete a normative trajectory into adulthood. Additionally, young people’s social lives are positioned as a particular risk to completing their transitions appropriately. Importantly, critics of these approaches argue that they efface the importance of the social context that shapes the kinds of resources on which young people are able to draw. As I have been doing throughout this chapter thus far, I will review useful contributions made in each area of research before pointing to existing limitations and opportunities for further study.

Youth rationality and decision-making

The first key issue under discussion in this field is that of rationality and decision-making. In contrast to dominant psychological and developmental concepts of young people, much sociological research argues that notions of self-control are central to many experiences of youth illicit drug consumption. For example, Panagopoulos and Ricciardelli (2005) argue that young people who consumed ecstasy in their research often used peer-group centred, strategic harm-reduction techniques such as paced dosage and regular breaks. Similarly, Duff *et al.* (2007) argue that young ecstasy consumers desired drug education that emphasised harm reduction in order to minimise risk. In a similar vein, Rødner (2005) argues that drug policy and research need to incorporate understandings that imagine the potential for young people to consume drugs in a considered manner. On the basis of ethnographic research on the recreational consumption of dexamphetamine, Green and Moore (2009) argue that their participants used the drug to pursue a form of “controlled pleasure” (p. 403). More recently, Pennay (2012) argues that far from displaying a lack of control, her young participants consumed drugs, in this case methamphetamine, instrumentally and strategically; their aim was to enhance the pleasure and reduce the “potential for unfavourable alcohol intoxication” (p. 413) through careful consumption of methamphetamine. Research such as this questions common ideas about youthful impulsivity introduced in the previous chapter. Yet, how the notion of the “decision” is conceptualised is not explored in this body of work, an important omission considering how we understand the decision itself shapes approaches to “rationality” and health interventions.

Importantly, I do not intend to argue that self-regulation is a fundamental trait of young people who consume drugs. Rather, the character of drug consumption and the ways young people practise it take shape within contexts in which forces come together to make certain actions or decisions more or less possible, likely or unlikely (Rhodes, 2002). Put simply, youth drug consumption needs to be understood as mediated by the broad social context, the immediate environment and social relations. For example, Green (2016) emphasises social context by pointing to the importance of labour market opportunities and intimate relationship commitments in shaping young people’s consumption of amphetamine-type stimulants. Moore (2010) emphasises immediate environments by suggesting that young people’s plans regarding alcohol consumption are shaped by a range of concerns such as the availability of transport, especially public transport. Pilkington’s (2007b) research on the drug “choices” of young Russians highlights the importance of social relationships in mediating decisions. She argues that decisions are often rooted in trust and friendship, and drug information is assessed less by its

“accuracy” than by its affective, mutually binding quality. The literature reviewed here suggests that young people’s drug consumption decisions and their capacity for “self-regulation” are not defined by an essential trait, but rather that these capacities interact with their social environment. However, these researchers demarcate the environment and decision-making capacities as anterior forces which interact. Approaching decision-making in this way is not quite able to account for the heterogeneity of decision capacities and the unpredictability of people’s decisions. As I will show later in this chapter, increasingly influential post-human scholarship asks questions of the presentation of capacities as ontologically anterior to context. I argue that these questions hold great potential for critical drug education scholarship but, to date, this potential has not been sufficiently realised. Qualitative youth alcohol and other drug research calls into question the ways in which drug education hopes to provide young people with the rationality they are thought to lack, and the ability of such strategies to account for the range of forces that make such capacities possible.

Sociality and pleasure

As I have noted, young people’s drug consumption cannot be understood outside of the sociality of which it is a part. The social scientific literature on young people’s drug consumption is truly vast. However, most of this research is of limited use for my study in that it focuses on identifying the predictors of drug consumption and the “protective” factors that mitigate it (Foster & Spencer, 2013). Reflecting common notions of youth as intrinsically vulnerable and lacking particular social skills, much research on youth drug consumption relies upon the concept of “peer pressure” (see, for example, Bahr, Hoffmann, & Yang, 2005; Crockett, Raffaelli, & Shen, 2006; Dumas, Ellis, & Wolfe, 2012; Jessor *et al.*, 2006; Kuntsche, Rehm, & Gmel, 2004; Studer *et al.*, 2014). In contrast, a growing area of research focuses on the complex social dynamics of young people’s friendship groups and social networks and the role of drug consumption in creating and shaping these relationships (see, for example, Borlagdan *et al.*, 2010; Farrugia, 2015; Foster & Spencer, 2013; Lunnay, Ward, & Borlagdan, 2011; MacLean, 2016; Niland *et al.*, 2013; Pilkington, 2007a; 2007b; Törrönen & Maunu, 2011; Townshend, 2013). This work is less focused on establishing how to protect young people from drugs and their peers, instead looking closely at the kinds of sociality that emerge in conjunction with consumption. Much of this research suggests that youth social relations both shape consumption practices and are shaped by them. For example, Lunnay, Ward and Borlagdan (2011) argue that friendship groups can encourage alcohol consumption but also establish rules around appropriate comportment that make certain forms of consumption less likely. Foster and Spencer (2013)

argue that consumption events often establish opportunities for intimacy between friends that are not always readily available (see also Farrugia, 2015). Most recently, MacLean (2016) argued that intoxication events can afford opportunities to express intimacy, demonstrate trust, negotiate the parameters of friendships and provide care. I will discuss some limitations of this research below. I want to emphasise only at this point that consumption should be understood as part of the contemporary constitution of friendships in which young people continually make and re-make their social relations in particular ways (MacLean, 2016). As such, the ways in which drug education presents youth sociality and alcohol and other drug consumption, and how such strategies seek to intervene in these relationships, is particularly important.

Of significance for my research is the way much scholarship on youth sociality and alcohol and other drug consumption points to the importance of pleasure (see, for example, Borlagdan *et al.*, 2011; Foster & Spencer, 2013; Green & Moore, 2009; Harrison *et al.*, 2011; Hunt & Evans, 2008; MacLean, 2008; Malbon, 1999; Murphy, Wilson, & Moore, in press; Niland *et al.*, 2013; Pennay & Moore, 2010). Researchers in this area often argue that the primary motivation for alcohol and other drug consumption does not stem from negative forces such as peer pressure but emerges in relation to the pleasures offered by such practices. For example, in their research on young electronic music enthusiasts and ecstasy consumers, Hunt & Evans (2008) argue that the pleasures offered by the physical and emotional effects of the drug, interacting with others, and the music and dancing are extremely important motivations for consumption. Similarly, Harrison *et al.*'s (2011) research on young people's drinking cultures suggests that pleasure and sociability are inextricably intertwined. For these researchers, ignoring pleasure in guidelines around safe drinking reduces the relevance of such messages and, in turn, the effectiveness of these interventions (see also Niland *et al.*, 2013). It is also essential to emphasise that pleasure emerges as important for young people from very different social locations. Marginalised consumers of inhalants (MacLean, 2008) and more socially privileged party drug consumers (Pennay & Moore, 2010) are all influenced by pleasure, even if the meaning and experience of these pleasures are intimately shaped by those social positions.

This is not to argue that the pleasures offered by alcohol and other drug consumption shape and take shape in friendships in any predictable sense. As with my discussion of rationality earlier in this chapter, a range of forces need to be accounted for when attempting to understand the relationship between alcohol and other drugs and young people's sociality and pleasure. Importantly, these forces include non-human agencies such as the substances themselves. The

research reviewed in this section approaches young people's friendships as "social", but for the most part alcohol and other drugs are naturalised here as stable substances. Approaching substances like this is unable to account for the way in which the "effects" of alcohol and other drugs often change depending on the particular circumstance of their consumption (see, for example, Duff, 2012). In this sense, the potential for pleasurable experiences is not simply determined by the chemical properties of the drug but is shaped by other agencies too. In approaching alcohol and other drugs as stable entities, research on youth sociality and pleasure does not quite capture the heterogeneity of the forces, including non-human forces, that partly constitute how drug consumption events emerge.

Space and time

As I argued in the previous chapter, one of the primary problems with current conceptions of youth is that they ignore social context. In contrast, sociological alcohol and other drug research has been attending to the environment of consumption at least since Norman Zinberg published *Drug, Set, and Setting* (1984). In this book Zinberg argues that a focus on pharmacology (drug) and individual psychology (set) is insufficient for understanding drug experiences without an additional focus on a third component: setting or social context. Thus, Zinberg presents a model that defines drug experiences according to the relationship between the chemical properties of a drug, the consumer's psychology, expectations and concerns (set) and the cultural and environmental forces. Unsurprisingly, in the approximately 40 years since Zinberg published his model, exactly how to conceptualise each element and how they shape drug consumption practices has been hotly debated. Here I focus on "setting", but my discussion necessarily has implications for the other two elements as well. In the following paragraphs I discuss three particularly influential concepts proposed in the literature and describe the forces that each one highlights. By approaching these debates in this way, I emphasise that no concept can provide a complete account of the importance of the place and time of consumption. Rather, all concepts make some forces more or less present.

The notion of "context" is particularly influential in drug research. An important feature of this research is the argument that social contexts exert a structural force (for example, class, race and gender) that gives form to drug experiences, harms and pleasures. Political-economic approaches are an example of such understandings. Research on the political-economic contexts of drugs often point to economic and political institutions and social and economic conditions that create health inequalities which in turn exacerbate drug-related harms (see, for example, Bourgois,

1998, 2003; Nasir & Rosenthal, 2009; Wolfe, 2007). Rhodes' (2002, 2009) influential "risk environment" approach is another important example. Rhodes argues that health interventions must analyse the specific environments in which harm is produced or reduced (2002). Importantly, this requires a focus on both the local environment and the broader structural forces at work during drug consumption events. Specifically, Rhodes (2002) argues the risk environments are made up of the physical, social, economic and policy environments. As such, the approach calls for close analysis of the particular makeup of drug consumption events and mapping the forces that together enact risk or safety. Importantly, this requires a focus on both the local environment and the broader structural forces that affect drug consumption. In this way, an analysis of drug-related harms and health interventions needs to consider all the "micro", "meso" and "macro" forces.

Research that focuses on "space" rather than context is also common in alcohol and other drug research (see, for example, Duff, 2008; Malins *et al.*, 2006; Vitellone, 2010). Often working with similar post-human concepts to those that I will introduce in more detail later in this review and in the following chapter, researchers working on space tend to focus on the local environments rather than broader social context, and argue for the utility of a performative understanding of space. Specifically, space is conceptualised not as a background of practice but rather an active force in consumption practices (Duff, 2008; Vitellone, 2010). Malins *et al.*'s (2006) ethnographic research with street-based women who inject drugs is an example of this approach to space. They argue that these women's social identities are constituted as marginal and dirty partly because of the spaces in which they consume drugs. In this way, spaces are active in the constitution of other phenomena. Yet, these women also labour to create subject positions that resist this marginalisation. Malins *et al.* (2006), then, identify a co-constitutive relationship between bodies and space: spaces produce and are produced by practice.

Research on space generally highlights the importance of analysing immediate environments of consumption and the ways they are constituted in practice and constitute practices. Although the focus of research on the situations of consumption is diverse, this body of work points to the importance of looking beyond the individual and the drug in attempts to understand drug practices, pleasures and harms. Accordingly, the ways in which drug education approaches where and when drug consumption occurs is a particularly important area for analysis. However, much of this research reifies space as already known, something that, in sum, amounts to location. The abstraction of space from time is another important reason for this limitation. Fraser (2006)

addresses some of these limitations. For her, a focus on space necessarily entails a similar emphasis on time. Fraser (2006) argues that all spatial arrangements are also temporal. They work together to enact certain subjects and make certain courses of action more or less likely. In this way, Fraser argues that any analysis of spatiotemporalities must consider time and space synchronously. In this way, it is important to consider how space (and time) are conceptualised. Each approach makes certain interventions possible while effacing others. To date, these insights are yet to be utilised in any drug education research.

Gender

Like the space of consumption, gender has also received attention in alcohol and other drug consumption research (see, for example, Lindsay, 2006; McRobbie, 1994; Measham, 2002; Moore & Measham, 2013; Waitt, Jessop, & Gorman-Murray, 2011). Early critical work on the sociology of crime focused primarily on male alcohol consumers (Parker, 1974) and male-dominated music cultures (Hebdidge, 1979). In this early research, women who consume alcohol and other drugs are represented as more deviant, disturbed or damaged than their male counterparts (Ettorre, 2007). This problem points to the way research is never neutral and itself may be gendered. It is not my intention to review all qualitative research on gender and alcohol and other drugs here; rather I draw on select qualitative studies to draw out two important threads that are essential for an analysis of drug education: (1) drug consumption's entanglement with gender, (2) the place of interventions into drug consumption in making gender. Bringing these points together, I argue that current research suggests that drug consumption practices and interventions into them are mutually implicated with current conceptions of gender.

My first point is illustrated in Quintero and Estrada's (1998) research on Latino "machismo" as experienced by a "tecato" subculture (Mexican males who consume heroin). They argue that "Machismo values of excess and outstripping others [...] not only influence initiation into drug use but [are] also implicated in the progression of drug use, drug abuse, and addiction" (Quintero & Estrada, 1998, p. 154). In this sense, influential articulations of masculinity work to shape consumption patterns in particular ways. Here Quintero and Estrada (1998) emphasise that gender is inextricably enmeshed with drug consumption practices.

Measham's (2002) research on young women who consume "club drugs" is another important contribution to research on the mutual entanglement of gender and drugs. Measham (2002) argues that in the process of "doing drugs" women can be considered to be "doing gender".

Here again, drug consumption is part of the articulation of gender identities. In turn, discourses that shape women who consume drugs, such as the notion of an intoxicated “failed femininity”, affect drug consumption practices (Measham, 2002). Such arguments flag the need for an approach to drug consumption that does not see drugs and gender as separate. Instead, drugs and gender should be conceptualised as mutually implicated, making each other from moment to moment. The same approach needs to be taken to analyses of interventions into drug consumption, such as drug education.

Fraser and valentine’s (2008) study of methadone maintenance treatment (MMT) offers one example of the importance of analysing how health interventions work to constitute gender. They argue that gender is made in MMT efforts to instil structure in clients presumed to have “chaotic” lives. These practices assume that clients will be passive recipients of treatment. When female clients challenge this arrangement, such as through the adoption of “expert” “psy” discourses, they transgress traditional ideals of the docile feminine woman who is subject to, rather than in control of, expert discourse and can find themselves denied treatment as a result. In this way a particular form of agency is ascribed and expected, an agency that is gendered and works to constitute specific gendered subjects. Especially important for the analysis to follow, Elliot’s (2008) ethnography of a drug education classroom identified it as a site in which gender is naturalised and masculinity constituted as essentially aggressive. However, instead of being invited to question masculinity, the students were presented with narratives that placed the burden of responsibility for negotiating this potential threat on young women and their willingness to limit their practices, bodies, expressions and desires accordingly (Elliot, 2008). In this way, established gender orders are left unquestioned, naturalised and, ultimately, reproduced. Other research has identified similar concerns in health promotion texts, such as “date-rape” drug educational material (Moore & Valverde, 2000) and anti-“binge drinking” television campaigns (Brown & Gregg, 2012). Researchers in this area point to the way the health messages of such campaigns operate according to normative notions of femininity and masculinity and ultimately work to reinscribe them. The research reviewed in this section points to the importance of analysing the influence, and making, of gender in consumption and in education interventions aimed at shaping such consumption.

Although this research has great ethical and political value, I want to highlight a key limitation in it. Aside from Fraser & valentine (2008), who focus on MMT practices (and draw on post-human concepts), the research reviewed here tends to focus primarily on the figure of the

gendered human. Of course this is a worthy pursuit, however, such a single focus does not engage with the ways non-human forces also emerge in gendered ways. That is, non-human forces such as substances and spatiotemporalities are also gendered. These forces also make gender in particular ways and how they are gendered in health interventions has important implications for the possibilities produced by such interventions. I move beyond these limitations in a significant way. I analyse not only how young women and men are gendered in drug education but also how a complex web of human and non-human forces together co-constitute gender in important and, at times, troubling ways. The exploration of specific events of consumption in drug education is one way I conduct this kind of analysis.

Parties

As I have progressed through this literature review, I have identified a range of key concerns for researchers interested in youth alcohol and other drug consumption and drugs more generally: rationality and decision-making, sociality, space and time, and gender. Throughout my review I have pointed to the way that each of these concerns is already tied up and in some way shaped by other forces. In this instance rationality, sociality, the environment of consumption and gender are all made and unmade during practices of consumption, with each force working to shape the emergence of each of the other forces. In this final section I look at research on youth partying and clubbing that highlights similar empirical and conceptual points. Sociological work on drug consumption and parties tends to focus on the meanings of such practices, with little research looking closely at the dynamics that emerge in such events (see, for example, Borlagdan *et al.*, 2010; Northcote, 2006; Sande, 2002). As such, in this section I look both at work specifically on partying in conjunction with research on clubbing and raves, which, since the early 1990s, has analysed the complexity of young people's consumption at such events (see, for example, Jackson, 2004; Malbon, 1999; Measham, 2002; McRobbie, 1994; Moore, 1995; Pini, 1997).

Early research on partying approached such practices as a “rites of passage” (Pedersen, 1994; Sande, 2002; Turner, 1990). It is argued that these events afford opportunities for young people to reflexively move between subject positions of “youth” and “adult” (Northcote, 2006). Other more recent research moves away from this symbolic focus to point to ways in which party spaces afford particular capacities. For example, Ravn and Duff (2015) highlight the way in which young people move around parties to use different pieces of furniture and different rooms for a range of purposes. At times, the bathroom is used for drug consumption while furniture

acts as “artificial limbs” to allow young people to continue to socialise and enjoy the party even when acutely intoxicated (p. 128). In this way, the dynamics of consumption and sociality are shaped by the expectations within the atmosphere of the party and the space and time of the event.

Importantly, parties establish opportunities for young people to express themselves and experience their relations with others in new ways (Borlagdan, *et al.*, 2010; Demant & Törrönen, 2011; Farrugia, 2015). This points to the complexity of the sociality and friendship constituted in these events. For example, in their analysis of parties as both “every day” and “extra ordinary” events, Demant and Østergaard (2007) argue the party is “about spending time with friends, in a different way, in a place that is zoned as a party space, and therefore it is about establishing new kinds of relationships—new ways of being together” (pp. 530-531). My (2015) research on young men’s party drug consumption adds to Demant and Østergaard’s (2007) analysis in that I argue that the new experiences made available in such events are also about reinforcing existing friendships and intimacy. In this way, research on partying has pointed to processes in which new connections are made and existing connections are strengthened. Importantly, this dynamic parallel process of the emergence of the new and a reinstating of the existing has also been identified in analyses of gender in partying and raving contexts.

Early research on clubbing and raves points to the way many young women who attended these events felt they provided opportunities for pleasure without some of the harassment common in alcohol-focused pubs and bars (Henderson, 1993). These early rave events, understood to centre on prolonged dancing and the consumption of party drugs such as ecstasy, were thus gendered in new ways. Researchers in this area often pointed to gender dynamics in which young women and men were able to enjoy the pleasure of new formations that allowed for more fluid communication between genders and new experiences of the gendered self (Jackson, 2004; Malbon, 1999; McRobbie, 1994). This is not to argue that raves are utopian events in which gender is completely fluid, as Moore and Measham (2008) argue gendered double standards often shape drug consumption practices in these contexts. For example, they point to young women feeling they had to hide their consumption of ketamine from their male partners who, at times, expressed distaste for women’s consumption of the drug. Similarly, Moloney and Hunt (2011) argue that although young male ravers at times feel free to express emotion and intimacy beyond that usually attributed to masculinity, they still need to be careful not to behave in ways that contravene masculine expectations too radically. Lindsay’s (2006) discussion of gender, class

and drinking in Melbourne also suggests that different consumption locations have different gender norms. These varying norms result in different rates of drinking for both men and women and altered interactions between genders, such as different flirting practices (Lindsay, 2006).

These multiple experiences of consumption events are important because “the gendering of these leisure locations link[s] to the differential use of drugs [and] their [...] effects” (Measham, 2002, p. 352). However, the gendering of drug consumption and space also needs to be conceptualised as intertwined with temporality. Measham (2002) argues that some of her young female participants consumed drugs in efforts to “control, distort or ‘create’ time” (p. 361). In this way, consuming stimulants to miss a night’s sleep was an explicit attempt to create extra leisure time. This was particularly important for those who experienced the competing demands on their time of “paid and unpaid work both inside and outside the home” (p. 361). By consuming different drugs in attempts to modify their experience of time, Measham’s (2002) participants were able to perform both “traditional” femininity as caregivers in the home, and “street” femininity in a club. These findings emphasise my earlier arguments for engaging with space and time synchronously and analysing the gendering of non-human forces. My review makes evident the mutual implications of gender, time, space and illicit drug consumption, and highlights that practices such as partying, and events such as parties and raves, are rich empirical contexts for the analysis of such dynamics.

The research reviewed in this section emphasises the mutuality of decisions, sociality, space and time, and gender, and offers a strong case for an analysis of the ways in which each concern is implicated in the others. However, most of these studies approach each of these forces as anterior entities with stable properties which then interact with each other. I seek to move beyond such a siloing ontology by drawing on conceptual resources that allow for an analysis of the co-constitution of each force as they are articulated in drug education. One way I will achieve this kind of analysis is by examining the kinds of drug consumption events that drug education presents in its efforts to reduce drug-related harms. This calls into question the most appropriate ways to conceptualise the relations between these different forces, both in drug education and social science generally.

Post-human drug studies

As I noted at the outset of this chapter, my thesis contributes to and builds on two areas of research: critical drug education research and post-human drug studies. As I detail in the following chapter, I conduct my research with a range of conceptual resources drawn primarily from Deleuze and Guattari but also STS scholars Latour, Mol and Law. References to these scholars in qualitative alcohol and other drug research are increasingly common, establishing what could be considered a sub-field of health research. Of particular early, and continuing, importance are Deleuze and Guattari (see, for example, Fitzgerald, 1998; 2009; Fitzgerald & Threadgold, 2007, 2015; Fox, 2002; Jordan, 1995; Keane, 2002; Malins, 2004a, 2004b; Potts, 2004; Duff, 2014a, 2014b), Latour (see, for example, Demant, 2009; Duff, 2011; Fraser, 2013; Gomart, 2002; Gomart & Hennion, 1999; Race, 2015), and, more recently, Mol and Law (see, for example, Duff, 2012; Farrugia, in press; Fraser, 2010; Fraser, Moore & Keane, 2014; Keane, 2013; Moore, 2011) and feminist techno-science theorists such as Barad and Haraway (see, for example, Fraser, 2006; Fraser & Moore, 2011a; Fraser & valentine, 2008; Poulsen, 2015). These studies and the concepts they work with contribute to an already established history of theoretically rich qualitative health sociology, often drawing inspiration from post-structuralist concepts developed in the work of Foucault and others (see, for example, Gastaldo, 1997; Greco, 2009; Mugford, 1993; Petersen, 1997; Petersen & Bunton, 1997; Lupton & Petersen, 1996). In this sense, post-human drug studies can be understood to form one stream of a broader conceptual movement within health sociology towards post-human and new materialist approaches (see, for example, Fox, 1993; 2011; 2016). I detail the specific implications of working with concepts drawn from post-human thinking for an analysis of drug education in the next chapter. For now I explore this literature and identify in it three key ways it pushes beyond the limitations present in the research already introduced. First, as I argued, much of the literature reviewed above backgrounds the agency of materiality and the non-human so important to understanding alcohol and other drug experiences. Post-human scholarship attends to this by introducing a renewed sensitivity to materiality and the non-human in drug issues. Second, much critical drug education scholarship criticises drug education as coercive and moralistic. Post-human drug studies allows for a more nuanced engagement with the production of knowledge about drugs that does not dismiss all research and education as purely a series of oppressive or coercive social constructs but instead carefully attends to the politics of what is made possible in such practices. Third, much alcohol and other drug scholarship approaches different forces active in events of consumption as anterior objects with stable properties. Post-human drug studies works with conceptual resources able to capture the mutual co-constitution

of these forces and in doing so also makes possible a more rigorous analysis of the role health interventions play in the constitution of the subjects, substances and problems they seek to address. Other implications emerge as I explore these three priorities. As I progress, it will become clear that there is a slight overlap between the literature already reviewed and that which is discussed below.

The first problem addressed in post-human drug studies—that of the role of materiality—reflects broader debates in health sociology and social theory more generally. For Fox (2016), post-structuralist health sociology has traditionally tended to primarily focus on texts and textuality as the central analytical concerns. Such a focus meant that the body was backgrounded and materiality faded from view while texts and discourses came to “matter” (see also Barad, 2003). As many feminist theorists have argued for some time, the body cannot be approached as purely biological and instead should be conceptualised as culturally produced through discourse and scientific and other practices (see, for example, Barad, 1998; Grosz, 1994). Within health sociology, including much alcohol and other drug sociology, similar concerns have inspired a focus not just on the human body but all the forces, both human and non-human, that contribute to the constitution of the materiality of drugs and those who consume them (Fox, 2016; Fraser & Moore, 2011a).

Fitzgerald (1998) highlights the importance of materiality in his early contribution to post-human drug studies. His research carefully maps an array of forces that together constitute the materiality of raving and techno music. In doing so, he decentres the human and the drug as the sole agentic forces in drug consumption events. For Fitzgerald, studies of raving at the time had not explored the materiality of such practices sufficiently, something he addressed in his research.

The music becomes, sometimes it becomes so hard it hurts. Other times nothing happens at all. The drugs and music can facilitate a becoming of the dancer, sometimes accompanied by dehydration, blistered feet, cramped legs, and sometimes death. There is a materiality to raving that must inform theorising about its politics. (1998, p. 54)

Here Fitzgerald emphasises the materiality of rave events and points to an emergent process in which the people, drugs and music are qualitatively shaped by their connections with each other; they “become” something specific in the encounter. His analysis contrasts with common

approaches at the time that sought to reduce raving practices to single overarching explanatory narratives. Instead, Fitzgerald brings together a range of forces to establish a necessarily partial account of raving, one that is, at times, contradictory and does not easily fit into overarching analyses of subcultures or modes of production and consumption. He works with a range of concepts drawn from Deleuze and Guattari including their (1987) concept of the assemblage in order to produce this analysis. Working with the assemblage allows Fitzgerald (1998) to map a complex multiplicity of human and non-human forces such as music, magazines, signs and symbols, DJs and drugs. Fitzgerald builds a rave assemblage rather than breaking one down into pieces. He highlights the way that these forces in their particular assembling constitute the materiality of raving in specific ways. This point has important implications for notions of causality that post-human drug scholars often emphasise. By emphasising the emergent and contingent production of all phenomena, these researchers present a non-linear model of causality. Moving away from linear notions of cause and effect, the causality of different forces is reconceptualised as emerging from their combined effect with other forces (Gomart, 2002; Race, 2011). Drug effects then, are no longer effects of a drug on a person but are relationally constituted occurrences specific to particular events of consumption. Also drawing on Deleuze, Malins (2004a) argues this understanding of non-essential drug effects means that we cannot make *a priori* judgements of good and bad drugs. Instead, drug effects need to be understood as ontologically multiple, emerging in different ways depending on their assembling at any one time. A drug, then, can have a good relation with a person in one assemblage and a bad one with the same person in another assemblage. The assemblage, which I will detail in the next chapter, often forms the primary ontological unit of analysis in post-human drug studies (see, for example, Duff, 2014a, 2014b; Fraser, Moore & Keane, 2014; Malins, 2004a; McLeod, 2014). As seen in Fitzgerald's (1998) piece, post-human drug studies operates within a relational ontology in which all phenomena are no longer understood as anterior and static entities which interact with each other. Rather, drawing on a range of spatial metaphors such as assemblages or networks, all forces active in drug events are presented as relationally co-constituted phenomena (see also Fraser, 2006; Gomart, 2002; Gomart & Hennion, 1999; Keane, 2002). Importantly, these concepts draw materiality back into view, a point that has proven to be of considerable importance for post-human drug researchers.

This relational conceptual orientation, which thoroughly decentres the individual subject and drugs as the sole agential forces in drug events, is the first primary contribution of post-human drug studies. As I emphasised in my discussion of Fitzgerald's (1998) study, post-human drug

scholars emphasise a broad array of forces, placing particular emphasis on non-human forces such as objects, spaces/times and emotions (Duff, 2014a; Fitzgerald, 1998; Fitzgerald & Threadgold, 2007; Malins *et al.*, 2006; Vitellone, 2010). In expanding the analytical gaze beyond subjects and drugs, post-human drug studies aims to provide a more comprehensive picture of drug consumption events and also highlight the importance of non-human forces working to shape people's agential capacities (Dilkes-Frayne, 2016; Duff, 2014a; Farrugia, 2015). However, this is not a positivist orientation in which researchers assume they can map all the forces that together constitute drugs, people and so on. Rather, in approaching phenomena as temporary assemblings, post-human drug research has opened up another important conceptual avenue to explore the politics of drugs and research about them.

Post-human approaches to the study of drugs established opportunities for careful and nuanced engagement with all drug research, including vastly influential medical and scientific knowledge of drugs. Post-human approaches can also be used to sensitively attend to the complexity of drug education practices. This is its second key contribution. Refusing to simply dismiss scientific knowledge of drugs as merely social construction, post-human drug scholarship is characterised by an approach that conceptualises research as a complex assemblage of practices that produce particular material truths or “realities” (Mol & Law, 2002). If the quality of drugs and drug practices is an effect of an assemblage of forces, certain questions emerge about drug research and how it too may “assemble” drugs, addiction, people and so on (Fraser & Moore, 2011a). Emilie Gomart's (2002) research on methadone is an early and influential example of this kind of scholarship. Working with the tools of Actor Network Theory (ANT; drawn from the work of Latour among others), Gomart analyses the constitution of methadone in two different experiments. She highlights the way that networks of scientific and treatment practices work to constitute the substance of methadone in specific ways. For Gomart (2002), then, substances, in this case methadone, are “effects” of a network of research practices.

Methadone emerges as an “effect”, an action without a source. Indeed [...] the drug “itself” is not distinguished from what is “around” it, from the gestures that handle it, the architectures that move it along, the skills that chart, record, compare it. (p. 112)

Gomart's key point here is that the effects of methadone, and methadone itself, are not stable attributes of a singular substance. Rather, they are effects themselves, temporarily held together through the labour of researchers and others in treatment settings. In this sense, Gomart's

research highlights the similar argument made in much post-structuralism that subjects do not precede their constitution in discursive regimes of power/knowledge. However, Gomart's extension of this kind of analysis to the constitution of substances and materiality is particularly important for drug researchers. It emphasises that even entities often thought of as predictable and stable, in this instance methadone, emerge as also the effect of certain relations. This notion of an "effect" is a central implication of post-human drug studies. Approaching all bodies, substances and knowledge as an effect suggests that reality is constituted moment to moment by the multiple relations of all forces in their particular assembling. This is an ongoing process in which there can be no single stable reality but only specific *realities* made and unmade in practice (Mol, 1999). From this perspective, research and education about alcohol and other drugs should be understood as specific practices of reality constitution, an approach that enables questioning of the politics and ethics of the ontologies made in them.

I now attend to the third and final key implication of post-human approaches for drug research: providing conceptual tools that allow for a compelling analysis of the mutual co-constitution of all forces active in events of consumption and intervention. This is of particular significance for my analysis in that drug education is a health intervention that seeks to constitute distinct notions of youth, particular substances and a very specific relationship between young people and drugs. This third discussion looks closely at Fraser's (2006) research on MMT. She argues that MMT, and other health interventions, tend to operate under the assumption that their clients are ontologically anterior and stable entities that precede their contact with health services. However, Fraser argues that MMT can be approached more productively as a set of practices that also works to materialise, or assemble, certain subjects and spatiotemporalities. Importantly, often these subjects are the very same kinds that are considered undesirable, disorderly and violent. To make this argument, Fraser works primarily with concepts drawn from Barad (1998, 2001, 2003) (although she also mobilises Bakhtin's (1981) notion of the chronotope), paying particular attention to a phenomenon ubiquitous to MMT in Australia: the queue. She (2006) focuses on the spatial-temporal experience of MMT clients waiting in queues to receive their methadone. She conceptualises the queue as a chronotope of co-constitutive time and space and, drawing on Barad, conceptualises MMT clients as intra-actively constituted phenomena. This means that time and space, and the people traditionally thought to occupy it, are not distinct entities that interact but are ontologically implicated phenomena that coalesce or intra-act. These different phenomena produce each other and do not exist outside of intra-actions (the similarities with Deleuzian work using assemblages and research using STS and actor

networks are obvious here). In Fraser's (2006) formulation, the chronotope of the queue is ontologically implicated in producing the activities that go on "in" it. Fraser argues that in forcing clients to wait outside in the cold, failing to provide comforts such as chairs, making clients wait in close proximity to each other and operating according to strict and inconvenient opening hours, service makes illicit activities more likely—in this case, assaults, buying and selling methadone and other drugs, and among other things, the building of small fires to keep warm. Fraser (2006) extends the analytical lens beyond human agency:

the chronotope of the clinic (more specifically, the queue) regularly runs the risk of intra-actively producing the very clients it seeks to "cure" (that is, unproductive, disorderly clients involved in illicit drug markets). (p. 200)

Importantly, the practices that intra-actively emerge with the queue, then, also act to materialise the clinic itself in particular ways (security, surveillance and so on). This is not a linear process of constitution or causation; rather, all phenomena are *co-constituted* in their particular assemblings. In this way, drugs, people and places are approached as effects or relational achievements specific to their momentary emergence. Health interventions, in this case MMT, make and are made by the subjects (and substances) they seek to address. This is particularly important as the chronotope of the queue may be just as implicated in the emergence of certain behaviours as are the clients. Importantly, as a post-human approach looks beyond people, drugs and discourse to also focus on matter, such approaches highlight important implications for the ways in which human and non-human forces emerge in particular ways. In this sense, researchers need to be careful to consider the potential for health interventions to co-constitute some of the very subjects, substances and problems they hope to address.

Post-human drug scholarship makes three general contributions to understandings of alcohol and other drugs. First, it draws the importance of materiality and non-human agency into the analytical frame. Second, it provides the conceptual tools necessary to carefully engage with knowledge production around drugs, including with non-social science perspectives. Third, it allows for an analysis of the ways health interventions constitute the subjects, substances and problems they often seek to address. In this way, post-human drug studies offers necessary conceptual resources to address the limitations of critical drug education research and much other alcohol and other drug research identified throughout this chapter. In addressing these three contributions I have touched on other important implications about notions of causality,

drug effects and the politics of research. In my review of this literature I consciously sought to highlight the importance of three of the key thinkers inspiring post-human drug studies: Deleuze, Latour and Barad. It is not my intention to suggest that this is an exhaustive list; others such as Mol, Law and Stengers could all justifiably appear here, and indeed will appear at later points in the thesis. Rather I seek to emphasise three key threads in what I have called the subfield of post-human drug studies: Deleuze and Guattari's assemblages, STS and Latour's actor networks, and Barad's feminist technoscience. Although the concepts of these different thinkers and the research inspired by them are different in important ways, I have drawn them together to analyse general implications of a move away from humanist ontologies to post-humanist ontologies for research on alcohol and other drugs. Post-human drug researchers operate within a frame in which the world is radically open and performatively constituted. Importantly, this means research is no longer judged according to whether it is an "accurate" representation of the world. Instead, the focus shifts to the ethical ramifications of the realities research makes possible. That is, what possibilities for drug policy, education, health interventions and consumers does research make likely or unlikely, and are these possibilities desirable or undesirable, ethical or unethical? As this thesis progresses I ask very similar questions of drug education. Of significance for my research is that although post-human approaches are becoming increasingly established in youth alcohol and other drug research (see, for example, Böhling, 2014; Demant, 2009; Dilkes-Frayne, 2014; Duff, 2010; 2014a; Farrugia, 2015; Fox, 2002; Hart, 2015; MacLean & Moore, 2014), their insights have yet to inform critical drug education scholarship in any significant way.

Post-human drug education research

In this section I review the small body of critical drug scholarship that has mobilised the important insights of post-human theory before suggesting that the opportunity still remains for a more programmatic exploration of what these approaches can contribute to drug education.

The first piece I examine is an ethnographic study by Deana Leahy (2013). Leahy briefly draws on the notion of the assemblage in her analysis of health education classroom practices. She argues that health education classrooms can be approached as governmental assemblages. For Leahy (2013) these assemblages are significant as they articulate individual young people as fully responsible for their health and constitute feelings of disgust and shame in relation to practices that contravene normative moralities of health. Approaching health education in this way, Leahy (2013) argues, provides insight into governmental attempts to assemble young "healthy"

subjects. In my own work (Farrugia, 2014), I use Deleuze's concepts of the assemblage and affect to analyse the dominant accounts of youth drug consumption articulated in harm reduction drug education documents. I argue that drug education texts solely characterise drug consumption motivations in negative terms, for example, that they stem from peer pressure or stress. I further argue that these documents present damaged mental health as the inevitable endpoint of such consumption. Most importantly, by assembling the realities of youth consumption in such rigid terms, I argue, drug education contributes to the production of disempowering embodied feeling states or affects. Leahy and Malins' (2015) ethnography of health education classrooms is the third piece of critical health (drug) education research that draws on post-human theory. Working primarily with Deleuze and Guattari's notions of desire and the assemblage, Leahy and Malins highlight the messiness of governmental attempts to shape individual health practices. Their analysis suggests that drug education messages can emerge in ways unintended by those that design education interventions and points to the unpredictability of governmental interventions which, at times, may encourage the very practices they seek to limit. My recent publication that presents one aspect of the argument developed in Chapter 7 of this thesis (Farrugia, in press) is the final piece of research that explores the potential of a post-human lens in drug education research. This time working with Mol's (1999) notion of ontological politics (a concept that will be explored in detail in the following chapter), I argue that drug education sets out particular conditions of possibility for young men and young women. As I will also address in some detail in Chapter 7, my research suggests that drug education currently works to co-produce dangerous ideas that position young women's drug consumption as intrinsically more abject than those of young men. Most importantly, I argue that in reinstating these gendered concepts, drug education contributes to a range of gendered harms beyond drug consumption issues and practices.

These four articles together can be approached as an emergent sub-field of critical drug education research. The authors all attempt to develop a new conceptual schema for analysing drug education and education practices more broadly. To date, my own published research forms the bulk of much of the work in this area (Farrugia, 2014, in press) (see also Farrugia & Fraser, in press). However, these articles selectively draw on particular elements of post-human theory and much of the potential of these approaches for drug education remains unexplored. Overall, the opportunity remains for a more programmatic and detailed exploration of current drug education practices drawing on insights from the post-human drug studies presented above. Questions remain about how to redesign drug education in ways that take non-human agency

seriously, and about how to reconceptualise drug education in ways that expand the focus beyond simply people and drugs. And, given the criticisms of drug education made in critical research, there is a need to think through what the ethical agenda of drug education should be. Answering such questions requires a detailed post-human analysis of drug education and an exploration of what post-human drug education might look like. My thesis seeks to address these and a range of related questions.

Conclusion

In this chapter I have argued that my thesis primarily contributes to two areas of research: critical drug education research and post-human drug studies. I argued that critical drug education research identifies a range of shortcomings of current drug education curriculum and practices. Overall, critical drug education research points to the role drug education plays in a broader process of neo-liberal subjectification. From there I moved on to explore how the production of neo-liberal subjects through health interventions and education has been understood in the literature. I argued that this process is often analysed using notions of governmentality to theorise a governmental process of affirmation. Although these understandings are highly informative, they do not quite capture the particularities of alcohol and other drug regulation. I argued for the utility of Race's (2009) notion of exemplary power in analysing the constitution of exemplary abject subjects in health campaigns. I moved on to review qualitative research primarily concerned with youth alcohol and other drug consumption, suggesting this work points to the importance of understanding how drug education approaches notions of decision-making, sociality, the environment of consumption, gender and parties. I also claimed that pleasure emerges as a central concern in much of this research. I argued further that this work suggests a need to approach each of these forces as mutually implicated. I then argued for the importance of post-human drug studies. I suggested that researchers working with post-human concepts are able to attend to a range of important phenomena that other concepts have not emphasised, are better equipped to engage with the politics of research in a range of disciplines, and particularly capable of analysing the constitution of human and non-human phenomena in health interventions. Throughout this thesis I draw on the literature reviewed in this chapter to conduct a programmatic post-human exploration of drug education and theorise what post-human drug education itself might look like.

Chapter 2: Deleuzian ontological politics

The present chapter establishes the theoretical orientation I develop in this thesis. I have two primary aims here: to (1) provide an ethical and ontological justification for the manner in which I conducted my research, and (2) elucidate the primary concepts that aid my analysis. To conduct this analysis I draw on the philosophy of Gilles Deleuze, developed both alone and in collaboration with French psychoanalyst Felix Guattari. I begin by briefly introducing these two thinkers and discussing their ongoing influence in contemporary research. Then, I introduce Deleuzian ontology. I demonstrate its “performative” character and its approach to understanding reality as an achievement. Drawing out a specifically Deleuzian approach to performativity, I first introduce Deleuze and Guattari’s (1994) notion of the “concept”, which they theorise to argue that concepts do not merely describe phenomena but co-constitute them. The political questions raised for my analysis by this notion of the research “concept” are then explored through John Law and Annemarie Mol’s notion of “ontological politics”, a concept of significance for STS. I contrast this approach with influential accounts of social constructionism, arguing that it is productive to understand reality as consistently “enacted” rather than “constructed”. Put simply, I argue that these concepts help me to analyse what drug education contributes to the ongoing constitution of young people in contemporary Australia. I then move on to discuss how Deleuze and Guattari theorise reality. I first introduce their underlying philosophical premise, the “plane of immanence”. I argue that this concept allows for a move away from essentialist binary understandings of reality to a non-essentialist, relational approach in which phenomena come to exist in “assemblages” of other phenomena. It is the concept of the assemblage, or “assemblage thinking”, that forms the primary conceptual orientation of this research. As I argue, thinking with assemblages has four primary consequences. First, like other relational ontologies, it understands all phenomena, or what Deleuze and Guattari refer to as “bodies”, as relational achievements. Second, these bodies and the effects they have on each other are emergent. Bodies change and flow as they emerge in unique assemblages or other co-constitutive bodies. Third, assemblage thinking opens a space for an analysis of the ways that different relations allow and disallow bodies to emerge in specific ways. This process is discussed using Deleuze and Guattari’s concept of “affect”. Fourth, and perhaps most importantly for the aims of this thesis, if realities are effects of relations, we must look closely at the practices, such as research or drug education practices, that go into maintaining these realities in particular ways. Drug education is understood as one such practice. Finally, I introduce an ethics of drug

education that asks whether it currently works to assemble ethically “good” assemblages and affects, as opposed to “bad” ones. Together these concepts will establish an original approach effective for an analysis of drug education that moves beyond the limitations of the arguments analysed in my introductory chapter, which fail to escape the dichotomous boundaries of harm reduction/abstinence or drug use/abuse. In sum, this chapter will describe my Deleuzian approach to analysing the ontology and ethics of drug education.

Conceptual personae: Gilles Deleuze and Felix Guattari

Gilles Deleuze (1925–1995) is not easily positioned in one philosophical tradition. Much like his approach to concept generation, Deleuzian thought emerges anew in every context in which it is applied. As will become clear throughout this chapter, of most importance for my analysis is what I refer to as Deleuze’s performative, post-human and relational system of thought. I use these labels intentionally in order to emphasise two key elements of Deleuzian thinking relevant for my analysis. First, reality is understood to be constituted in practices, such as research, education and drug consumption practices. Second, all bodies that make up these realities emerge from relations between other bodies. Together, these two insights sum up the particular Deleuzian approach I undertake in the analysis of drug education to follow.

Deleuze’s collaborations with radical-leftist and anti-psychoanalytical psychiatrist Felix Guattari (1930–1992) form the primary theoretical grounding of this study. Although an influential philosopher in his own right, Guattari is most widely known for his collaborations with Deleuze. Guattari had an enormous influence on Deleuze and is credited for introducing a more explicit political orientation to his philosophy (Bogue, 1989). Deleuze and Guattari’s second major work together, entitled *A thousand plateaus: Capitalism and schizophrenia*, published in French in 1980 and translated into English in 1987, cemented their position in contemporary post-modern thought, and it is this text that forms the primary conceptual resource for this thesis. I also draw on Deleuze and Guattari’s *What is philosophy?* (1994), Deleuze’s sole-authored analysis of Spinoza’s thought, *Spinoza: Practical philosophy* (Deleuze, 1988) and his interview with Claire Parnet entitled *Dialogues* (Deleuze & Parnet, 1987). In drawing on this work I make no claim to providing an exhaustive account of Deleuze and Guattari’s thinking (nor of performative and relational ontologies in general). Instead I create a conceptual “toolkit” (Deleuze in Foucault, 1980) that allows for a mapping of the notions of young people and drugs articulated in drug education. As Deleuze put it, “a theory is exactly like a box of tools [...] It must be useful. It must function [...] It is an instrument for multiplication” (Deleuze in Foucault, 1980 p. 208). As I go on to

explore in detail, I work with the notions of the concept, the assemblage, affect and immanent ethics, in order to produce new, or multiply possible, ways of conceptualising drug education.

In working with Deleuze, my research can be positioned within a growing body of qualitative alcohol and other drug research utilising what can be broadly categorised as post-human ontologies. As will become clearer throughout the following chapters, my Deleuzian account of drug education necessarily calls for a radical rethink of the practice of drug education and the role we hope such practices will play in the lives of young people. I emphasise two points in the following discussion. First, I focus on Deleuzian ontology as an example of a performative approach that has been deeply influential in contemporary drug research and Western philosophical thought. Second, I emphasise the *political* relevance of performative approaches to research practices. Ultimately, I use Deleuze and Guattari (1994), Law (2004) and Mol (1999) to argue that research concepts, and for my purposes education concepts, do not simply describe pre-existing reality but rather enact particular realities. In order to best contextualise Deleuze's contribution to this way of thinking and its political and ethical ramifications for research, I discuss Deleuze and Guattari's notion of the concept with reference to Law and Mol's notion of ontological politics. By drawing out a common conceptual thread through Deleuze, Law and Mol, I establish an analytical approach that emphasises the performative orientation of education texts and practices and is able to attend closely to the complex politics of drug education.

Performative concepts

Deleuze and Guattari commit an entire chapter to the notion of the concept in their final work together, *What is philosophy?* (1994). The notion of the concept they develop succinctly maps some of the implications of performative approaches to research. Most importantly for my purposes, Deleuze and Guattari (1994) argue that concepts do not simply *represent* or describe pre-defined phenomena but are instead dynamic and creative; concepts help bring forth and shape bodies, realities and potential worlds. For Deleuze and Guattari (1994), our concepts help us to make sense of and live with the constant flux that characterises reality. For research practice this means that concepts and data are not ontologically distinct but emerge together and give shape to each other. To apply this to my own work, concepts used in my research are themselves shaped by the texts I analyse. Thus, concepts are born out of encounters with the “sensory world of experience” (Gane, 2009, p. 87). These ongoing encounters mean that concepts are in a process of constant development. Deleuze and Guattari argue that ongoing encounters with the world will inevitably lead to the development of concepts that, at times,

challenge how phenomena are understood. Further, concepts must emerge and take shape in relation not only to the sensory world but other concepts. For Deleuze and Guattari, and other performative thinkers, concepts are, like all phenomena, relational; they are co-constituted with other concepts (Gane, 2009). The development of concepts does not simply relate to the experienced present, but refers back to previous concepts, an existing reality and a problem to be solved (Deleuze & Guattari, 1994). This is to say that concepts, and the realities they enact, have histories. Concepts and new realities cannot simply spring up, but instead must draw on, and speak back to, pre-existing concepts and corresponding realities (Law, 2004). For example, the very influential psychological notion of adolescence has worked to foreground internal biological forces, at the expense of social forces, in much youth research (Wyn & White, 1997). Sociological youth research has, thus, had to acknowledge and speak to the notion of adolescence even in attempts to push past it. The notion that concepts are co-constituted by “problems” is something I return to in some detail in my discussion of methodology. For now, the essential point is that for Deleuze and Guattari (1994) concepts work to co-constitute the present and shape what may exist in the future. Concepts are not representations of phenomena but active in their constitution; they are thus part of phenomena.

The politics of concept generation

Who were Deleuze and Guattari addressing in this theorisation of the concept? What does this performative understanding of concepts do for my research? Importantly, in developing this notion of the concept and its co-constitution of reality, Deleuze and Guattari were not addressing qualitative social scientists. In fact, they argued quite explicitly in *What is philosophy?* (1994) that the “concept belongs to philosophy and only to philosophy” (p. 34). In arguing for this position, Deleuze and Guattari were hoping to theorise true philosophy and shore it up against what they, at times, thought of as rival systems of thought, including sociology. So deep was their anxiety that they argued that sociology, along with linguistics, psychoanalysis and even marketing (which they saw as the most “shameful” challenge), were trying to supplant philosophy’s true goal of concept creation (1994, p. 10). Although informing social scientists was not Deleuze and Guattari’s goal, theorists specifically concerned with social science have more fully explored the importance of performative insights for research practices. In order to fully explain what I garner from Deleuze and Guattari’s performative concepts, I now turn to STS, an approach that builds on their work.

STS translates performative insights, such as those seen in Deleuze and Guattari's work, into concepts with great utility for alcohol and other drug research. STS is proving extremely influential in the study of drug consumption (see, for example, Demant, 2009; Duff, 2011, 2012, 2013; Dwyer & Moore, 2013; Farrugia, in press; Fraser, 2010, 2013; Fraser & Moore, 2011a; Gomart, 2002; Gomart & Hennion, 1999; Hart & Moore 2014; Holt, 2013; Keane, 2013; Moore, 2011; Thomson & Moore, 2014; Vitellone, 2010; Weinberg, 2013). Bruno Latour, John Law and Annemarie Mol are all central thinkers in this field of thought and their concepts are often put to work by contemporary drug researchers. I now explore Law and Mol's notion of ontological politics to fully draw out the political implications of the performative approach I use in my analysis. Here I am focused on the political repercussions of performative research approaches such as that suggested in the thought of Deleuze and Guattari.

Like Deleuze and Guattari, Mol and Law argue that research phenomena do not precede their enactment through research practices and theoretical concepts (Mol, 1999; Law, 2004). They argue that networks of relations, including discourses and concepts, practices, research tools and researchers themselves, are active in the constitution of the phenomena they have traditionally purported to describe. Similar arguments are also found in influential social constructionist work. Social constructionism, since it first took shape in the 1980s, has been rightly praised for opening up to analysis the political and social factors that help make social "problems" (Fraser & Moore, 2011a). Significantly, social constructionism sees reality not as natural or given but instead constructed in discourse. As such, the ways in which social problems are constructed may play a role in reducing or reproducing existing inequalities. From this position it can be seen that the effects of illicit drugs are not solely defined by their pharmacological properties or by some pre-discursive or innate property of the user. Instead research must extend its focus beyond such individualistic accounts of psychological processes, reductive accounts of flawed genetics, or "bad" parenting, and instead look closely at the social and cultural milieux in which drug experiences and "drug problems" emerge (Rhodes & Moore, 2001).

More recently, however, researchers have begun to explore some of the limits of social constructionist thinking. An important limitation has been identified through Mol and Law's emphasis on a *continuous* process of reality constitution. Qualitative drug researcher Suzanne Fraser (2010) draws on Mol to argue that social constructionism tends to frame the process of discursive construction as "singular and terminal" (2010, p. 233). Mol argues that "construction" suggests phenomena are "constructed" and then remain in the same form indefinitely. Reality

has become stable here, and, although the constructed phenomenon could have been constructed differently this process is now complete and an immutable construct now stands. In contrast, as Fraser argues (drawing on Mol), all phenomena are in a continuous process of constitution, emerging and reemerging in relation to other forces and objects, only to exist for the moment of their enactment. Thus, much like Deleuze and Guattari (1994), Mol and, in turn, Fraser argue for an understanding of realities iteratively made in practice. Constructions are never complete. Phenomena can always be remade otherwise, and in this sense are formed by what Law and Mol call ontological politics (Fraser, 2010). Mol and Law's notion of ontological politics asserts "a politics that has to do with the way in which problems are framed, bodies are shaped, and lives are pushed and pulled into one shape or another" (Mol, 2002, p. viii). Reality is never *observed*, rather, it is *enacted* (Mol, 1999). The key claim here is that if material realities are not stable or self-evident but made over and over in discourse and in encounters between material objects, language and practice, they are never set or finished. They can be remade, and this remaking, as well as the form currently enacted, entails and allows political variations and even choices.

Such an analysis attempts to make explicit the way in which practices of enactment, such as education practices, attempt to set the conditions of possibility we live with (Mol, 1999). Precisely what these conditions of possibility make more or less likely is the political dimension of this concept. For example, in Chapter 7 I explore the forms of femininity, masculinity and responsibility enacted in drug education. I ask whether these enactments of gender and responsibility set out conditions of possibility that make experiences of harm and violence more or less likely. Unlike Deleuze and Guattari (1994), Mol and Law explicitly engage with research practices in their discussion of politics. They argue that by using specific material "tools", such as laboratory instruments, policies, laws, or indeed education pedagogy, and certain concepts, such as subject and object, natural and unnatural, we do not merely represent phenomena (accurately or inaccurately) but enact them in certain ways (Mol & Law, 2002). In each moment of enactment inclusions and exclusions are made; this process creates an apparently singular, stable world even as it brings certain realities into being whilst denying others (Mol & Law, 2002). Importantly, existing networks of knowledges, practices, objects and realities, shape and inevitably limit the kinds of concepts, realities and, importantly, problems we can enact. Such an approach emphasises a need to study the practices and tools through which certain realities are brought into being or enacted. These insights necessarily result in questions about the kinds of worlds and realities we hope to enact. When faced with the radically open and political nature of

concepts and therefore reality formation, Mol (1999) argues that, as researchers, we must consider what is at stake when we make the world in particular ways. Later in this chapter I draw on Deleuze and Guattari's immanent ethics to look closely at the kinds of realities drug education should enact and their political implications. That is, I argue for a new ethical direction or ontological politics of drug education.

Thus far I have introduced Deleuze and Guattari's performative ontology and explored some of its implications for research. I argued that Deleuze and Guattari's notion of the concept understands reality as enacted through concepts and practices³. If research and drug education are approached in this way, they can be seen to take part in ontological politics. Rather than addressing pre-existing phenomena and worlds, drug education works to enact these phenomena and worlds. Drug education documents are one tool through which this enactment is performed. In working with these concepts it is essential that I ask ethical and political questions of these realities. Before I do this, however, I must first explain the way in which Deleuze and Guattari theorise the world.

Conceptual toolkit: Assemblages, affects, ethics

This section introduces the primary concepts I draw from Deleuze and Guattari's work for my analysis. I first turn to a concept that underlies and supports Deleuze and Guattari's philosophy: the "plane of immanence". The plane of immanence is a radically anti-essentialist, post-human enactment of reality that establishes a way of thinking that does not start from classifications of what bodies are in relation to other bodies, for example woman/man, or taxonomies of essential traits. Instead, Deleuze and Guattari use the plane of immanence to emphasise two key points. First, as a "plane", the plane of immanence presents a flat ontology in which no forces are placed above (for example, God) or below other forces. Second, the notion of "immanence" emphasises the unique singularity of each body by presenting a world in which all forces, such as

³ It is important to mention here that this interpretation of the implications of positioning the assemblage as the primary ontological unit of study is a specifically STS-inspired account of reality as multiple. To be precise, in contrast to Law and Mol's discussions of realities made in practice, Deleuze and Guattari do not conceptualise "reality" as such. Rather, they focus on what they refer to as "actual-virtual" relations in which what exists or occurs develops in an actual-virtual circuit (Ansell-Pearson, 2005). For Deleuze, the virtual is a transcendental field giving shape to or generating the conditions of possibility for the actual (Shaviri, 2007). These concepts suggest that all phenomena have virtual potentialities that are only actualised in particular events or assemblages. In this sense, Deleuze and Guattari do not discuss a "real", they focuss instead on a virtual plane of infinite possibilities, only some of which are actualised at any one moment. However, for the purposes of my thesis and research more generally, the STS focus on practising realities is especially useful. For detailed discussions of the actual and the virtual see Ansell-Pearson (2005), Massumi (2002), and Shaviri (2007).

people, animals and objects, are specific and emergent to their temporally limited existence. That is, there are no anterior, stable entities that act upon the world. Instead, the world is made up of forces which are produced through their relations and connections with the other forces on the plane of immanence. In doing so, they reject the humanist proposition that sociality is based on the organisation of individuals' natural capacities by a transcendent power beyond situational conditions.

Significantly for my research, such an approach has the potential to push drug education away from existing enactments of pathologised young drug consumers corrupted by toxic drugs to instead look closely at the relationships and practices that enact young people and drugs in particular ways. To best explore the implications of this concept and, most importantly, its political implications, I turn to feminist interpretations of Deleuzian ontology. As is often the case with many anti-essentialist areas of thought, feminist interpretations and scholars are especially helpful for exploring the political implications of such thinking. Feminist scholars often take the constitution of material reality to be a central concern and their project is intrinsically and relentlessly one of political transformation. In order to further explore the political implications of Deleuzian ontology I next provide a detailed account of the plane of immanence.

The philosopher who exerted the most influence on Deleuze was 17th-century monist thinker Benedict de Spinoza (1632–1677), best known for his book *Ethics* (1994). Monism is a system of thought that understands “the world” as made up of a single substance. From this position, what are traditionally understood as individual things are instead seen as sets of temporary arrangements of a single matter. Following Spinoza's lead, as previously outlined, Deleuze and Guattari see the world as existing on what they call the plane of immanence, which is understood to be made up of a single form of matter. From this position, nothing exists above or beyond nature (Deleuze & Guattari, 1994). Rather than conceiving nature as subject to the will of an overarching power, for Deleuze and Guattari reality is immanently self-organising (Gatens, 2000). This notion of immanence here emphasises that all forces in the world exist only in their specific emergence; they are immanent to their emergence and do not pre-exist it. The existence of all nature is conceived of in terms of a vitality in which a constant flow of mutually constituting energy and matter works to bring forth all things or, to put it in Deleuzian terms, bodies, that appear to populate the world. All bodies, then, (for Deleuze and Guattari a “body” is not just a human body but can also be non-human, material, chemical, animal, social and so on)

are made up of relations of the same matter on the plane of immanence. The plane is populated not by subjects, objects or things but instead by “events”. In this context events are the coming together of “pre-individual singularities”. “Singularities” here refers to the monist matter populating the plane of immanence. It is from the relations among these singularities that bodies, as events, emerge. The plane of immanence is thus a plane of potential, possibility or in Deleuze’s terms “virtual” events. Once certain virtual or potential events “actualise” or happen, a body forms. “A life [...] [is] an immanent life carrying with it the events or singularities that are merely actualised in subjects and objects” (Deleuze, 2001, p. 29). Thus, all that “exists” is a series of modifications of immanent matter. It is as events that subjects and objects are expressed. Events, expressions of this matter, or the world, are free of transcendental forces or final causes such as God and so also of a transcendent all-encompassing morality, categories of natural/unnatural or singular truth (Duff, 2014a).

The conceptual and political implications of this ontology are significant. In an early argument for the utility of Deleuzian thinking for feminism, ground-breaking feminist scholar Elisabeth Grosz (1993) suggested that once it is accepted that texts do not merely represent but actually make the world, it is no longer enough to ask what they mean. To look at meaning is to assume that phenomena are ontologically distinct from the texts and discourses that enact them. Such an account assumes there is a pre-existing reality that can be represented accurately or inaccurately. Instead, we must consider what texts (and concepts) “do”, that is, how they make bodies and what those bodies are capable of. Or to use the terminology already introduced in this chapter, we must look at which bodies and capacities emerge out of the realms of possibility enacted in texts. From this point of view, my task is to attend to the ontological politics of drug education texts. Deleuze and Guattari’s non-essentialist and relational thinking has proven very appealing for many feminist thinkers. For example, feminist philosopher Moira Gatens draws attention to Deleuze’s rejection of transcendent structures—his attempt to move beyond founding or essential negations, such as the idea that the human world is related to and founded upon a relation to a God. Thinking that starts from this position is only able to progress in dualities, such as mind/body, man/women and self/other. For Deleuze, this thinking is limited in that it only understands what something “is” through what it is not. Difference, then, is always understood as a negation from the “same” and therefore a negative. In contrast, Deleuze wants us to no longer think of “difference” as “difference from the same” or “difference over time”, as this assumes the different bodies can be compared or that there is a basic level of sameness that can be quantitatively observed and recorded. In these accounts, difference is conceptualised as

difference between two or more distinct entities. Deleuze argues that such approaches work toward ontologies that classify and arrange bodies and life. Importantly, for Deleuze and Guattari, such classifications always work to position one entity as higher or superior to another, for example adults over young people, men over women or humans over animals. Their critique has some obvious appeal for feminists, such as Gatens, who also grapple with difference via questions of gender difference (see, for example, Braidotti, 1994; Colebrook, 2000; Gatens, 2000; Grosz, 1994; Marrati, 2006). Deleuze argues that we should conceptualise difference as “difference-in-itself”, that is, the unique particularity or singularity of each body in its event of actualisation (Stagoll, 2005). This is an approach that asks us to look at the heterogeneous forces that together make bodies what they are.

Working with Deleuze and Guattari’s plane of immanence, it is possible to imagine a drug education that does not make rigid assertions about who young people “are” and what drugs do. As discussed in Chapters in the previous two chapters, drug education has traditionally enacted all drugs as toxic entities and all consumption as dangerous and regrettable. Yet these rigid articulations fail to engage with the diversity that characterises much youth drug consumption (see, for example, Farrugia, 2015; MacLean, 2016; Pennay & Moore, 2010). Importantly, when drug education fails to sensitively attend to the complexity of young people’s consumption, it risks producing some of the very problems it seeks to address (see, for example, Farrugia, 2014; Farrugia & Fraser, in press). Rejecting fixed assertions and moralised distinctions of right and wrong, this non-essential ontology is sensitive enough to attend to this complexity. A non-essential ontology is open to considering the multiple ways in which bodies can emerge in relations with drugs. Deleuze and Guattari established a way of thinking that enacts what are traditionally thought of as “individual” bodies as radically open multiplicities not determined by an innate nature but shaped or assembled by their relationships with other bodies at any moment in time. Drawing on these ideas, one goal of my thesis is to establish new conditions of possibility for drug education that allows for the enactment of novel relations rather than the re-enactment of normative moralities and concepts.

Here I have explored the plane of immanence to introduce some important elements of the world that Deleuze and Guattari enact through their concepts. Of particular importance is the relational nature of their thought. All bodies (human and non-human) must be understood as relational, emergent events. Concepts too cannot be understood as independent but as relations of flux, phenomena that enact possible worlds. Therefore, any research using Deleuze and

Guattari's notion of the concept requires relating concepts to other concepts and practices that together enact the concept and the meaning. In my analysis of drug education, for example, I must look at a range of other concepts and research practices beyond drug education and drug research. The notions of youth constituted in psychology, psychological theories of decision-making, and notions of ontologically distinct drugs, people and settings (Zinberg, 1984), all play a role in the enactment of youth in drug education. The data I collect, therefore, are mutually co-constituted with concepts. This also means methodologies and theoretical approaches are partly born out of the research encounter with empirical data. These are all intrinsically political enactments with methodological implications that will be explored in the method chapter to follow.

As discussed most explicitly by Mol (1999), we need to consider what is at stake, what is made and remade, when we conceptualise the “social” in certain ways. In this argument Mol emphasises the relational and co-constitutive nature of the realities enacted in research. That is, research does not simply constitute a discrete reality; rather, other realities are enacted along the way (see also Law, 2011). For example, if drug education enacts alcohol as causative of violence, multiple realities are enacted. Alcohol is made into the central agentic body in acts of violence; the context or setting of the violence is understood to play little role. Gender, and most importantly for this example, masculinity, is also enacted as peripheral. In this, albeit simplified, example the reality enacted effaces important forces in the social and further enacts one agentic body (alcohol) as wholly causative of violence, even though such violence often occurs when alcohol is not present. The ontological politics of this enactment are significant, especially as they bear on gender. Thus, realities are never singular enactments but, again, relational achievements. With this in mind I now move on to discuss additional key Deleuzian concepts I put to work in this thesis. In my discussion of each concept, I emphasise the political implications of enacting reality in certain ways. In what follows I put the concepts of assemblage and affect to work in order to analyse how drug education enacts realities that may contribute to the very harm usually ascribed to drugs.

Assemblage thinking

Thus far I have explored the performative nature of Deleuzian thinking and, through a discussion of the plane of immanence, established the ontological orientation from which to think relationally. I now move on to discuss perhaps the most important concept Deleuze and Guattari have given the social sciences in enacting a relational system of thought: the assemblage.

In this section I establish four main implications of this thinking for my analysis. First, I introduce the concept of the assemblage as a relational account of the world in flux. Second, I look closely at the concept of emergence and the implications of thinking about drugs and those who consume them as emergent. Third, I focus on the emphasis Deleuzian thinking places on capacity (through the concept of affect). Fourth, I consider the work that goes into maintaining assembled relations, and how practices, such as research and drug education, labour to reassemble relations and therefore bodies and capacities. Together these four points necessarily lead me to return to the ethics of research and drug education that, through the concept of ontological politics, I touched on above. However, I will add to the earlier discussion at this point by making a more detailed argument about the work done by this notion of ethics for an analysis of drug education in particular.

What are assemblages?

As I have emphasized throughout this chapter, Deleuzian ontology makes no essential distinctions between different bodies. *All bodies, be they human or non-human, are enacted as relational and emergent phenomena or assemblages.* I need to note here that all the texts I work with are translations, and translation is one of the many processes through which concepts take on new meanings. In this instance, the term “assemblage” is a translation of the French term “*agencement*” or a process of arranging, organising or fitting together. Law (2004) expresses some concern about this translation, arguing that the English “assemblage” seems to suggest a somewhat finished product, or clear and static state of affairs, rather than an uncertain and ongoing process. If the concept is to perform the work Deleuze and Guattari intended, it must be understood as a verb as well as a noun (Law, 2004). Assemblages are ongoing; they are *assemblings* (Woolgar, 2011), assembling and assembled in every instance. This chapter has referred to assemblages several times already, but what exactly are they? Why do assemblages hold such appeal for contemporary social science?

For Deleuze and Guattari, all phenomena or bodies are assemblages. Much like the idea that bodies are events, the assemblage concept entails an understanding of all phenomena as *relational* achievements or constellations of heterogeneous forces that together temporarily constitute bodies. The closest Deleuze ever came to defining the concept occurred in his interview with Claire Parnet, published as *Dialogues* (1987):

What is an assemblage? It is a multiplicity which is made up of many heterogeneous terms and which establishes liaisons, relations between them, across ages, sexes and reigns—different natures. Thus, the assemblage's only unity is that of co-functioning: it is a symbiosis, a 'sympathy'. (p. 69)

Assemblages, then, are multiple, temporary groupings of relations. Assemblages are formed when assortments of different bodies come together. It is from these relations that other bodies emerge. All bodies are assemblages or assemblings of relations. However, the unity of the assemblage is not one of an organic whole. The assemblage is not a concept that attempts to describe different discrete entities gathered into a group to form a cohesive unit. Deleuze and Guattari want to emphasise the assembling of heterogeneous bodies without presupposing that their relations constitute a single coherent organism (DeLanda, 2006). This move away from notions of internally coherent bodies and social organisation is an important element of assemblage thinking. Thus, assemblage thinking requires a research focus on the assemblages or relations from which all phenomena emerge rather than the expression of ontologically anterior entities.

Relational and emergent bodies

As a relational approach, assemblage thinking requires an analysis of relations of heterogeneous forces. This conceptual orientation calls for scrutiny of the way realities are arranged and maintained. However, assemblages are radically open, diffuse and in flux. As argued by Marcus and Saka (2006), much of the appeal of the relational concept of the assemblage for contemporary social sciences stems from this emphasis on uncertainty, openness, non-linearity and the space it provides for emergence and change in social life. Moving away from structuralist accounts of the world, which tend to reify the social order and subjective experience, the assemblage concept focusses on the inherently unstable, yet at times ordered, make-up of contemporary social life.

Assemblage thus seems structural, an object with the materiality and stability of the classic metaphors of structure, but the intent in its aesthetic uses is precisely to undermine such ideas of structure. (Marcus & Saka, 2006, p. 102)

This undermining of structure that Marcus and Saka identify emerges from the notion of the assemblage as both provisional and changing (Anderson *et al.*, 2012). By theorising a process in

which bodies move into and out of assemblages, Deleuze and Guattari prioritise processes of composition. Importantly, as the assemblage changes, the bodies that form it are qualitatively changed, re-enacted or composed differently. These bodies may remain in the assemblage, albeit in a different form, or they may leave it all together, assembling new relations with other bodies. Thus, the flux of assemblages occurs at different scales. Local assemblages of heterogeneous forces give shape to the bodies that populate them. A party, for example, made up of groups of young people, music, lights, furniture, desires, emotions and drugs, forms an assemblage. Yet, those same bodies (young people, drugs, lights and so on) also take shape through their relations in broader assemblages of social organisation like schools, enactments such as gender and distributions of resources. Scales, regions, territories and local bodies emerge from this process. It is this process that Deleuze and Parnet (1987) emphasise in their use of the term “co-functioning”. Assembled bodies, scales and regions are not “affiliated” with each other; they are ontologically implicated in each other. Bodies, as assemblages, are blends of relations.

Importantly, for Deleuze and Guattari no single body is wholly defined by its relations. All bodies are understood to have *virtual capacities* that can emerge or actualise in different arrangements of relations. There is a sense here that bodies always have the potential to exceed their relations, can tap into virtual capacities and change assemblages in new and unpredictable directions (DeLanda, 2006). Therefore, bodies emerge in assemblages and are shaped by them, but their relations are never fully determining. Some have argued this is a key difference from ANT (Anderson *et al.*, 2012). For my purposes, this sense of unpredictability suggests people and drugs can never be understood as single entities but always emergent forces shaped by their assemblages. For example, what half a gram of methamphetamine may do in the hypothetical party described above is enacted by the local assemblage of forces and broader forces and enactments (such as prohibition or stigma) rather than an innate chemical property. Likewise, the medication methadone may emerge in one assemblage as a force that works to resolve drug craving while in another assemblage as a diagnostic tool that assists psychiatrists (Gomart, 2002). What is usually understood as a stable substance emerges and acts differently in different assemblages. Each assembled body making up an assemblage contributes a relational force to the continuous flow and modification of the assemblage in each event. For Deleuze and Guattari, the form, meaning and capacity of all bodies are shaped by the relations that co-constitute them.

What does it mean to take Deleuze and Guattari’s assemblage as a key ontological unit for analysis in my project? What are the implications of thinking with assemblages rather than

discrete entities and Cartesian dualisms for an analysis of drug education? Firstly, it means I do not aim to analyse discrete essential entities such as subjects (people) and objects (drugs). Instead, I understand the drug consumption enacted in drug education documents, *and* the drug education documents themselves, relationally. This means my aim is to investigate other concepts, practices and, perhaps most importantly, realities drug education enacts through its particular articulations of drug consumption and young people. I look at the ways in which a range of enactments such as people, drugs and places work to hold a particular articulation of youth and their lives together. Further, I consider how drug education's reliance on traditional accounts of discrete entities shapes its harm-reducing potential. Significantly, the assemblage provides the theoretical tools to think beyond the sovereign subject when conceptualising the "students" of drug education interventions. The notion of an ontologically complete and distinct subject implies a pre-existing body, independent of the world around it. This account of the subject is unable to engage with the complex and changing subjectivities of young people, their social relations or modulating agential capacities, all of which are more productively thought of as co-constituted within assemblages. In conceptualising all bodies as assemblages, my analysis requires close engagement with how drug education understands bodies and how they relate to, and affect, each other. This approach also requires consideration of non-human bodies in drug consumption practices (Duff, 2014a). Assemblage thinking has important implications for traditional accounts of "drug-related" harm. As Deleuzian health researcher Cameron Duff argues, in assemblage accounts of drug consumption "harm should be regarded as a property of the assemblage and not of any one discrete body therein" (2014b, p. 634). The concepts or enactments of youth I analyse in the coming chapters are understood to be mutually implicated with each other and with broader knowledges and realities. Using the assemblage concept, I can further analyse the emergence of various agencies that form through the co-constitution of these various bodies. In this way the assemblage can be used to conceptualise the event of consumption. Such an approach must account for a range of active bodies that together shape what emerges, such as pleasure and harm. These might include the agency of the place of consumption, available concepts of femininity and masculinity, particular assemblings of substances (drugs) themselves and a range of other material and non-material co-constituted phenomena. The assemblage concept allows me to hold in view a range of concerns at once that traditional notions of discrete objects, present in drug education, do not (Fraser, Moore & Keane, 2014).

This account of assembled bodies, including drug-related harms, practices and effects, contrasts sharply with traditional understandings that eagerly ascribe causal force to, and reify, people and drugs (Fraser & Moore, 2011a). As I argued in my literature review, notions of the “effects” of drugs that focus exclusively on people and drugs tend to efface a plethora of other agencies such as spatial/temporal arrangements (see, for example, Duff, 2008; Fraser, 2006; Rhodes, 2002), gender (see, for example, Gordon & Clement, *in press*; Moore & Measham, 2013; Potts, 2004), emotions and desires (see, for example, Demant, 2013; Farrugia, 2015), and distributions of resources and inequality (see, for example, Bourgois, 2003). Thinking with assemblages requires an approach to causality that moves away from linear models of “cause and effect” that would lead to arguments such as “alcohol causes violence” or “poverty causes addiction”. A body’s capacity to act changes depending on the configuration of the assemblage at a particular moment. In this respect, causality is immanent to the assemblage. The causality of different bodies is realised and achieved in their combined effect with other bodies (McFarlane, 2011). This notion of causality has important implications for understandings of drug effects that are often a focus of drug education pedagogy. The assemblage requires a move away from understanding drugs and what they “do” as predictable and stable, to understand them as emergent bodies, the effects of which emerge in potentially different ways in each and every assemblage. The same can be said of drug consumers and subjectivity in general. Rather than conceptualising young drug-consuming subjects as in possession of a stable identity to which drug consumption is related, they are seen to be part of assemblages within which their drug consumption is but one practice and one body. Both drugs and other bodies are understood to be made of up multiple forces and energies, constantly in flux, with little fixity over time (Keane, 2005a). When drug education itself is understood as an assemblage it too becomes unpredictable. The ways in which drug education actualises in the lives of young people, how they relate to the messages and information provided, and how it shapes their drug consumption practices cannot be known in advance (Farrugia, 2014). Assemblages and the relations and bodies that are constituted through them, then, are not stable, unitary beings but active, flowing becomings. This does not mean questions cannot be asked of the reception of drug education, rather an analysis such as mine, based as it is on drug education texts, looks only at what is made more or less imaginable. Importantly, subjectivity is assembled in practice. Young people’s subjectivity does not purely precede consumption or education, then, but is rather partly constituted in practices such as consumption and education. If all bodies, including people, drugs and spaces, are becoming, how do we understand changes in capacity or what bodies do to or with each other as events unfold?

Affecting capacity

I have already looked closely at the assemblage and plane of immanence and the way these concepts treat the world as made up of immanent assemblages. My next focus is the notion of affect. Affect is a concept Deleuze and Guattari use to theorise the changes in capacity that assembled relations necessarily enact. As bodies emerge out of assemblages, their capacities to act, or affects, cannot be identified prior to, or outside of, the encounters that constitute them (Currier, 2003). In this way, affects are the capacities of bodies. Accounting for this, research, or education strategies, should focus on the relations and practices that enact bodies and their corresponding affects. Again following Spinoza's lead, Deleuze and Guattari do not ask "what a body is" but rather "what can a body do?" (Deleuze & Guattari, 1987).

We know nothing about a body until we know what it can do [...] what its affects are, how they [...] enter into composition with [...] the affects of another body. (Deleuze & Guattari, 1987, p. 257)

Here Deleuze and Guattari are interested in the powers for acting that certain assemblages of bodies make possible (Duff, 2014a; Race, 2009). These powers for acting, shaped by the relations of an array of bodies making up an assemblage, are understood as affective capacities.

Affects are best understood as encounters between bodies, or becomings, that increase or decrease a body's ability to act and form new relations (Deleuze, 1988). They are the products of encounters and events, and shape degrees of power. In contrast to structuralist understandings of power, these degrees of power are about the "power to act with", rather than "power over", other bodies (Lash, 2006). Accordingly, Deleuze scholar Brian Massumi describes affects and their corresponding changes in power to act as "prepersonal intensit[ies] corresponding to the passage from one experiential state of the body to another and implying an augmentation or diminution in that body's capacity to act" (Massumi, 1987, p. xvi). Thus, when they ask "what can a body do?", Deleuze and Guattari are concerned with the affective capacities that flow out of certain becomings. They are concerned with qualitative shifts in the composition of a body and the potentialities and limitations that constitute this temporary assembling. Based on this approach, we can argue that drug consumption practices work to assemble certain relations and certain affective capacities. This is an important approach to take because young people's affective capacities, and the assumption that drugs necessarily diminish them, are often placed at

the centre of media accounts of drug consumption (Measham & Brain, 2005) and drug education (Farrugia, 2014). Deleuze and Guattari's argument that assemblages shape capacities in certain ways calls into question the ways in which drug education attempts to assemble youth and the affects these assemblings make more or less likely.

Assembling bodies and capacities

From the theoretical position outlined here, drug education can be seen as a practice that works to enact realities. That is, drug education is a practice of ontological politics that attempts to assemble bodies and affects in particular ways for particular ends. What are these ways, and what are these ends? These are the central questions of my thesis. In order to best answer these questions, I turn to Bruno Latour and the theorisation of bodily sensitivities in his (2004) article, "How to talk about the body? The normative dimension of science studies". Latour (2004) presents an understanding of bodies very similar to that of Deleuze and Guattari, but adds an extra texture to the discussion that is useful for an analysis of education. Working from the position that to have a body is to affect and be affected (cognate with Deleuzian thinking), Latour theorises a process in which bodies become sensitive to certain possibilities in the world. He elaborates the process of becoming sensitive to worldly possibilities through a discussion of the use of "odour kits" for training people in the perfume industry. An odour kit consists of a range of fragrances arranged from the sharpest to the subtlest contrasts. A "dumb" nose, says Latour, is only able to register the sharpest contrasts. However, with the right training, a person may come to acquire a nose with a fine and nuanced appreciation of these fragrances, registering even the most subtle differences. Through the right training a body may "*acquire an organ [...] that allow[s] her to inhabit a (richly differentiated odoriferous) world*" (original emphasis, 2004, p. 207). Through the development of a "nose", a body becomes sensitive to new possible affects and assemblings in the world (in this case odour). As such, this person has not only acquired a sensory medium but also now enacts a new sensory world. Drawing on this argument and considering it in the context of assemblage thinking, it is possible to rethink the process of both research and drug education.

As explored by Fraser, Moore and Keane (2014) in a discussion of the ethics of addiction research, Latour's (2004) notion of the body suggests a view of the world not made of up "essences" but instead a "multiverse" enacted in habitual practices. Multiverse is a term Latour (2004) uses to theorise reality in a way freed from "premature unification" (p. 213). From this position, Latour (2004) argues that good science is focused on articulating or enacting new

sensitivities which add to, rather than reduce, the multiverse of possibilities. Working with these ideas, drug education should no longer simply be focused on providing “accurate” health information, nor should it be thought of as simply about the governance of young health subjects. Latour’s theorisation of bodily sensitivities to certain affects and possibilities suggests drug education can be seen as a practice in which bodies and assemblages are assembled in particular (and always political) ways. This is a concern with the role drug education plays in the materialisation of phenomena (Barad, 2003).

The body, then, is a contested assemblage (Fox, 2011). For example, we can argue that what Law (2004) might call hinterlands of existing knowledge and education practices based on discursive binaries—such as healthy/unhealthy, normal/abnormal, behaved/misbehaved or educated/uneducated—simplify bodily relations and reduce affective capacities and sensitivities. This is because binaries set out to essentialise relations in ways that accord with pre-determined hierarchies of good and bad and also work reductively to stabilise and simplify the multiverse of worldly possibilities. For example, when drug consumption is enacted as necessarily unhealthy the potential ways in which consumption practices may enhance intimacy or friendship are effaced, which works to limit sensitivities and possibilities (see, for example, Farrugia, 2015).

The theorists introduced throughout this chapter inspire me to ask questions of drug education’s role in sensitising young people to certain affects and capacities. Following Mol and Law, I ask what realities drug education works to enact. Inspired by Latour’s (Deleuzian) account of the body, I ask: what affective capacities and sensitivities does drug education work to enact? Are these affects and capacities harm-reducing? What role does drug education play in constituting certain potential harm-reducing or harm-producing assemblages? What are the ethics of the realities, bodies and assemblages drug education aims to enact?

Immanent ontological politics: A Deleuzian ethics

Mol (1999) argues that when faced with a radically open (or ontologically multiple) world, we must consider where our options for enactment are and what is at stake in each. As noted in my introductory chapter, drug education researchers tend to assert that the options are a choice between the goals of abstinence or harm reduction (see, for example, Midford, 2007). Other researchers argue drug education should focus on reducing drug “abuse” rather than all “use” (see, for example, Nicholson *et al.*, 2013). The effectiveness of drug education is usually

presented as the primary reason for focusing on abuse and harm reduction. However, are these really the only options, and how should we choose (Mol, 1999)?

As I argued when reviewing the relevant literature on drug education, harm reduction approaches to drug education struggle to engage with the non-harmful and positive ways drugs can emerge in the lives of young people. I also noted that the abuse/use framework relies on a simplistic binary and normative public health morality. In order to move beyond these options and provide a new direction for drug education, I pursue an ethical analysis. Rather than taking the goals of drug education for granted and accepting common concerns about its effectiveness, I explicitly interrogate the ethical goals of drug education. This is an essential task because drug education is *necessarily* normative. Drug education strategies make explicit and implicit claims about health, safety, responsibility and the “good life” generally. Any strategy to educate people about embodied health practices works from a normative touchstone, however loose and ill-defined. I now argue for the utility of the Deleuze and Guattari’s immanent ethics for establishing an ethical orientation for drug education that does not fall back on rigid binary distinctions of right/wrong or health/unhealthy.

For Deleuze, ethical research and, for my purposes, ethical education practice, works to enact new relations between bodies and therefore to increase, rather than decrease, the affective capacities or sensitivities of bodies (see also Latour, 2004). This is an ethical project that cannot be performed without overcoming commonplace Cartesian dualisms such as man/woman, subject/object or even self/other, that enact life and reality via a series of binary opposites rather than as emergent assemblages on the plane of immanence (Marrati, 2006). From a Deleuzian position, concepts such as these operate as *a priori* “judgments” and enact bodies in ways that limit their affective capacities and sensitivities.

Judgment prevents the emergence of any new mode of existence [...] Herein, perhaps, lies the secret: to bring into existence and not to judge. If it is so disgusting to judge, it is not because everything is of equal value, but on the contrary because what has value can be made or distinguished only by defying judgment [...] It is not a question of judging other existing beings, but of sensing whether they agree or disagree with us, that is, whether they bring forces to us. (Deleuze, 1998, p. 135)

Deleuze argues here that limiting capacities, and therefore worldly possibilities, is unethical. Instead, bodies should be free to sense or distinguish those relations that expand their forces and affects (agree) and those that reduce them (disagree). How does Deleuze understand the ethics of these relations and their affects?

This concern for the proliferation of capacities provides the grounds for the ethical assessment of the relations and affects that shape what a body can do. However, it remains to ask what ethical grounding can be used to judge which kinds of affects should be assembled and enacted. The answer may be informed by Duff's (2014a) explanation of Deleuzian ethics: "[Deleuzian] ethics [...] is concerned with the composition of bodies and affects, practices and encounters, and with the ways each may be transformed in the interests of *increasing a body's power of acting*" (p. 32). Deleuze and Guattari want to increase bodily and worldly possibilities. In order to develop this argument, however, they argue for a move away from what they term "morality" in favour of an immanent ethics.

For Deleuze and Guattari, systems of morality are based on transcendent, and thus static and immobile, categories of good and evil. Examples are the view that "drugs are bad", or similar notions that distinguish "abuse" and "use" or "recreational" and "problematic" drug consumption (see, valentine & Fraser, 2008). These enact static judgments about appropriate drug use without consideration of the affects that emerge from these practices. In contrast, Deleuze and Guattari replace these notions of good and evil with a concern for good and bad modes of existence (Deleuze, 1988). For example, we can say "drugs can be both good and bad depending on the way they emerge in relation to other bodies". Good and bad, however, are understood immanently. We cannot make *a priori* categorisations of these concepts, instead we must make specific ethical judgments about the kinds of affects and becomings that flow out of certain assemblages—for my purposes, drug education assemblages. Deleuze and Guattari argue that we should make these distinctions according to whether an assemblage increases or decreases a body's affective capacity (Duff, 2014a; Massumi, 2002).

The good is when a body directly compounds its relation with ours, and, with all or part of its power, increases ours [...] the bad is when a body decomposes our body's relation [...] Hence good and bad have a primary, objective meaning, but one that is relative and partial. (Deleuze, 1988, p. 22)

Ultimately there is quite a simple argument: good becomings increase affects or capacities and sensitivities in ways that contribute to an ongoing proliferation of capacity, bad becomings decrease capacity and contribute to a limitation on what a body can do. A good becoming or relation is one that increases a body's ability to become anew. This is a relation in which one body contributes increased affective capacity to another in mutual co-constitution. This is a temporary set of relations that enacts a body that has new sensitivities, more possible becomings and greater affective capacity. A bad becoming or relation is one that decreases a body's ability to become anew. This is a set of relations that rather than compounding and contributing to possible relations and affective capacity of a body, decomposes and reduces its potential relations, and therefore affects. Such a perspective avoids enacting the world and practices according to binaries such as natural/unnatural or moral/immoral and instead focuses on the agentic capacities and becomings of assemblages as a whole. As Malins (2004) argues in relation to an ethics of drug consumption, these are not distinctions that assume that the relations between bodies, such as consumers and drugs, and their ethical outcomes are consistent. This would of course be inconsistent with the immanent causality described earlier. The becoming body emerges out of multiple relations and therefore can have a good relation with another body in one assemblage and a bad relation with it in another assemblage. As Deleuze (1988) argues: "we have many constituent relations, so that one and the same object can agree with us in one respect and disagree with us in another" (p. 33). For example, ketamine can emerge as a poison, a recreational party drug, or a state-sanctioned medicine, depending on the assemblage. This emphasises again that for Deleuze and Guattari, bodies are emergent phenomena shaped by the assemblages of which they form a part. At times, bodily relations and associated affective capacities may emerge as good (young man + MDMA + close friends = intimate conversations and new communicative capacities and sensitivities) or bad (young man + MDMA + large group of strangers + poorly ventilated venue + lack of food and water = feeling sick, fainting and reduced affective capacities and sensitivities). Importantly, it is the assemblage of forces, and the affective capacities that flow out of it, that shapes the ethics of certain practices and affects, rather than the presence of any single body (such as a drug).

Using this notion of ethics and Latour's (2004) articulation of sensitivities, I ask questions of the ethics of the realities enacted in drug education. As I have noted, drug education works to enact particular realities; these are realities of youth drug consumption, but also broader realities. For example, as I will show, it enacts particular notions of youth social relations according to a concept of peer pressure. It enacts femininity and masculinity according to rigid understandings

of gendered morality. It enacts abject subjects who have failed to make rational decisions and comport themselves in ways befitting proper neo-liberal subjects. These realities reflect broader anxieties about drug consumption, pleasure, self-control and youth, and play a role in maintaining other assemblages: friendship, gender and responsibility. In enacting particular realities, drug education attempts to assemble certain bodies with certain sensitivities and affective capacities.

The question I ask, then, is different from Deleuze and Parnet's (1987) and Latour's (2004) focus on producing wholly new bodies, realities and sensitivities. Rather, my question concerns whether drug education works to assemble sensitivities, capacities and realities that reduce, rather than reproduce or increase, social harms conventionally understood as drug-related. Is Australian drug education likely to contribute to the enactment of young bodies with increased sensitivity for safety and harm? Is drug education likely to contribute to young bodies with an increased sense of their own desires and pleasures without shame and self-contempt? Is drug education likely to assemble more possible relations between young women and young men that are ethical and based on mutual responsibility and care? Drawing on this influential theoretical tradition, I ask: is drug education is likely to contribute to ethically good rather than bad assemblages, affects and becomings?

Conclusion

In this chapter I have argued that the work of Gilles Deleuze and Felix Guattari provides a compelling theoretical, political and ethical grounding for an analysis of drug education. In it I coupled select Deleuzian ideas with concepts drawn from STS, specifically the work of John Law, Annemarie Mol and Bruno Latour, to develop a performative, relational or post-human approach to drug education. After briefly introducing Deleuze and Guattari, I moved on to discuss their thought as performative in orientation. I focused on their notion of the concept alongside Law and Mol's notion of ontological politics to argue that social phenomena are best understood as "enacted" rather than stable or even "constructed". That is, social problems, people, bodies, drugs and so on cannot be taken for granted as natural phenomena, nor are they socially constructed and left as singular and complete. Rather, they undergo continual enactment. Therefore, it is best to look at concepts in relation to other concepts, practices, knowledges and bodies that work to continually reshape them in particular ways (Law, 2004). From here I returned to Deleuze and Guattari to detail the kinds of realities and worlds they enact in their thinking and what these might offer an analysis of drug education.

In order to detail the worlds Deleuze and Guattari enact in their thinking, I started with their notion of the plane of immanence. For them, all bodies are made of the same matter and emerge as events on the plane rather than essential, bounded entities. All bodies, and importantly concepts, are understood to exist interdependently and non-hierarchically on this single plane, constantly connecting and reconnecting with other bodies. Importantly, in making space to look at the enactment of bodies, one of my fundamentally political research tasks becomes an analysis of the practices that go into stabilising bodies and what these bodies can do.

From here, I introduced my primary concept: the assemblage. I argued that taking the assemblage as the primary ontological unit (Deleuze & Parnet, 1987) has four important implications for my analysis. First, the assemblage is a relational concept. Bodies are co-constituted within assemblages which, therefore, define a body for a given moment. This means that drug consumption, or education, practices work to assemble and enact particular bodies with particular capacities. Significantly, harm itself must be understood as a property of the assemblage rather than of simply one body, such as the drug (Duff, 2014b). I also argued that all bodies, including young people or subjects, must be understood as ontologically unstable and in flux. They are themselves emergent and qualitatively changing, including in their drug consumption practices, and cannot be approached as if stable and predictable. Second, the relations of assemblages co-constitute the capacities of emergent bodies. I approached this using Deleuze and Guattari's concept of affect, arguing drug consumption practices and drug education work to assemble certain bodies with certain affective capacities. I drew on Latour's (2004) account of the enactment of bodily sensitivities to more fully explore the implications of this understanding for drug education. Here I argued that drug education must be understood as making certain sensitivities and affective capacities more or less likely, and that ethical questions must be asked of this. Third I argued that if realities and bodies are relationally assembled or emergent, then we must look at certain practices, such as drug education, which attempt to hold bodies together in certain ways. Lastly, I returned to Deleuzian ethics to argue that my analysis is concerned with the constitution of harm-reducing affective capacities in young people.

In sum, the analysis I undertake will look closely at the ontological politics of Australian drug education. In doing so I bring a Deleuzian assemblage orientation or sensitivity to the analysis. This leads me to look at the relations of knowledge and bodies that together co-constitute notions of youth and drugs. Further, this orientation allows me to make ethical assessments of

the bodies and realities enacted in drug education. I want to ask whether the realities, bodies, affects and assemblages to which drug education is likely to contribute will reduce, rather than reproduce or increase, harms that are conventionally thought to be caused by drugs.

Chapter 3: Method: Assembling problematisations

This chapter is concerned with describing how I assemble the performative and relational ontology introduced in the previous chapter into a practical research method. I begin this task by exploring what it means to approach drug education documents as assemblages. This approach necessarily results in a focus on the kinds of relations and affects that the texts make possible. As argued in the previous chapter, a Deleuzian textual analysis looks at what texts “do” or their “pragmatic implications” for enacted realities. After this discussion I introduce a final thinker integral to my analysis: Carol Bacchi. I chart the influence of Deleuzian thinking and STS theory on her work before introducing her method of policy analysis entitled the “What’s the problem represented to be?” (WPR) approach (Bacchi, 2009). Overall, Bacchi argues that social problems do not precede their enactment in policy. Instead, problems are enacted in the very interventions designed to address them. As I will argue, this approach translates relational and performative insights into a useful method for an analysis of drug education texts. Bacchi (2009) ultimately asks us to look at social “problems” and interventions as relationally co-constituted phenomena. From here I will detail my particularly Deleuzian approach to Bacchi’s work and introduce guiding questions for my analysis. Following this, I describe how I gathered my data, including which texts I analysed, how many, how I collected, organised and coded them, and why. As I explain, this corpus of texts is not approached as a representative sample, but rather as a case that works to develop a set of sensitivities for notions of youth, health, drug consumption and education in other contexts (Mol & Law, 2002). This chapter introduces the theory of Deleuzian textual analysis and how I conduct it, itself something that has very rarely been undertaken.

Texts as assemblages

All of the arguments made in the course of this thesis are drawn from a close analysis of texts. In what follows, I analyse drug education teaching resources and social marketing health campaigns. In preparing my argument, I have returned to these texts time and again to consider what exactly they “contain” and what they might “do”. In doing so, I have primarily been concerned with what these different texts, in their different ways, try to tell us about drug consumption practices, corporeal experiences of drugs, young people and drug education pedagogy. More specifically, I make Deleuzian political and ethical assessments of the ways drug education enacts young people, their social lives and the role of drug consumption in it. To perform such a task, it is

essential that I first clarify what it means to take Deleuze's notion of the assemblage and use it in relation to texts: As Deleuze and Guattari (1987) explain,

As an assemblage, a book [text] has only itself, in connection with other assemblages [...] we will never ask what a book [text] means as signified or signifier; we will not look for anything to understand in it. We will ask what it functions with, in connection with what other things it does or does not transmit intensities, in which other multiplicities its own are inserted and metamorphosed [...] A book [text] exists only through the outside and on the outside. A book [text] itself is a little machine. (p. 4)

The excerpt above concisely establishes the pivotal questions I need to answer in my conceptualisation of the text. If all phenomena are assemblages, so too are texts. What does an understanding of a text as an assemblage mean for textual analysis? What am I doing when I look for what a text functions with? What does considering a text's existence as an "outside" do for text analysis?

Deleuze and Guattari argue for a focus on the transformational potential of texts as "multiplicities". To approach a text in this way means analysing how texts (as assemblages) connect with other assemblages and in turn how these assemblages, and their co-constituting bodies, are transformed by, and transform, the text. It is worth reiterating here that for Deleuze and Guattari a body is not simply a human body. Rather a body is a multiplicity, a heterogeneous whole with the capacity to affect and be affected by other bodies. Taking multiplicities as the principal focus of a Deleuzian empiricism means an overarching concern with the temporary grouping of relations that are assemblages (Deleuze & Parnet, 1987). Thus, my concern in this research is not so much with what these texts "mean", especially individually, but how these texts and their concepts connect with other bodies and what these connections make possible (Gatens, 2000; Grosz, 1993). In this sense I emphasise the "in-between" relations of the texts and consider what emerges from these relations.

In the previous chapter, I discussed in detail the connections between Deleuze and Guattari's performative concepts and STS notions of enacted realities and ontological politics. Thinking of texts as assemblages that transmit intensities through their connections and thereby evoke change implies similar conclusions: texts, such as drug education documents, do not represent reality but rather co-constitute it. As we read in Deleuze and Guattari's (1987) account of the

book above, they do not look for what a book (text) means but what it does, how it is assembled and what emerges from these relations. Similarly, Mol and Law use the term multiplicity to maintain that reality is made up of many coexistences at a single moment (2002). Thus, texts enact particular realities whilst always remaining open to being enacted differently (Mol, 1999). For Deleuze and Guattari, this is a process of capture; something they express in their term “territorialisation”. The realities enacted in texts work to shape or territorialise the affective capacities of different bodies. By characterising drugs, health and young people in certain ways, for example, drug education documents attempt to “pin” young people against a “wall of dominant significations [...] which fix [them], put [them] into a grille, identify [them] and make [them] recognised” (Deleuze & Parnet, 1987, p. 45). The material effects of these processes are a significant concern in my research. According to Gatens (2000), the enactment of bodies in particular ways works to justify what can be “legitimately” extracted from them, and conversely, what potential relations, ways of living or becomings can be blocked. For example, a body enacted as biologically young and unfinished can have its movement and freedom restricted for the sake of education (i.e., a student). It can also be enacted as not wholly responsible for potentially illegal practices (innocent). In this way, the enactments in drug education work to structure the materiality of individual bodies into recognisable patterns.

Such understandings of performative multiple realities have been used effectively in analyses of other health promotion materials. For example, in an analysis of hepatitis C health promotion materials, Fraser and Sear (2011) decline to make arguments about their “accuracy”; this is because to “ask [...] whether a thing is represented ‘accurately’, [is to] assume, and thus enact, a single perspective on reality” (p. 46). Similarly, I do not look for inaccuracies in the drug education texts I analyse. Inspired by Deleuze and Guattari, I look instead at the configuration of bodies and the assemblages they enact. As Deleuze and Guattari (1987) put it,

A type of statement can be evaluated only as a function of its pragmatic implications, in other words, in relation to the implicit presuppositions, immanent acts, or incorporeal transformations it expresses and which introduce new configurations of bodies. (p. 84)

It is these “pragmatic implications” and the “configuration of bodies” that concern me in my analysis. As I argued in the previous chapter, I am concerned with the affective capacities for safety that these configurations work towards. A Deleuzian approach to text analysis attempts to

map specific statements for the manner in which they, in their various assemblages, transmit and engender affects or the actual capacities of bodies to act (Gatens, 2000).

Carol Bacchi: Interrogating problematisations

To lay out my method for mapping drug education assemblages, and their emergent affects and capacities, I introduce the thought of one more key figure whose ideas mirror many of the performative and relational insights of the four theorists already introduced: Carol Bacchi. Although trained as a historian, Bacchi is best known for her post-structuralist mode of policy analysis—the WPR approach. Most thoroughly theorised in her 2009 book *Analysing policy: What's the problem represented to be?*, the WPR approach provides a robust methodology for undertaking the kind of analysis proposed by Deleuzian and STS theory. Performative in orientation, Bacchi's central argument is that contemporary governance and government policy operate through “problematisations rather than through policies” (2009, xi). That is, problems are “endogenous—created within—rather than exogenous—existing outside—the policy making process” (p. x). To put this in the terms I introduced in the previous chapter, problems within policy texts emerge within and thus co-constitute, and are constituted by, an assemblage of other concepts and texts, bodies and practices. Bacchi's focus is on social policy, but my aim is to make use of her insights in the distinct but related context of drug education. Policy positions, or for my purposes, drug education texts, then, do not address pre-existing needs or “problems”, such as drug “problems”. Rather, these problems are brought into being or enacted in the very strategies or practices used to “fix” them (Bacchi's work is proving particularly useful for research on alcohol and other drugs, see for example, Fraser & Moore, 2011a; Lancaster, 2014; Lancaster & Ritter, 2014; Lancaster, Duke & Ritter, 2015; Seear & Fraser, 2014). Before I look at exactly how Bacchi proposes we analyse these problematisations, it is important to consider how she came to make this argument in the first place.

In order to effectively explain the potential of the WPR approach for my Deleuzian project, I now look closely at the conceptual resources on which Bacchi draws to shape her thinking. Most obviously from my perspective, she draws directly and indirectly on Deleuze, Law and Mol. Of particular importance is the Deleuzian influence on Bacchi's key argument that policy problems do not precede their enactment in policymaking practice. Bacchi refers to Deleuze's book *Difference and repetition* (1994 [1968]) to make this argument. In this book, Deleuze argues that philosophy always runs the risk of reinforcing commonsense notions of truth (Williams, 2003). One way of avoiding this, Deleuze suggests, is through the constitution of new problems and

therefore new solutions. For Deleuze, problems can never be commonsense, they do not simply exist in the world and disappear in our solutions for them. Deleuze (1994 [1968]) reverses this logic: “A solution always has the truth it deserves according to the problem to which it is a response” (p. 159).

Here Deleuze is pushing past “problem-solving” logic. Rather, Deleuze argues that it is essential to assert the right to participate and manage the enactment of problems and therefore solutions. This is a particularly important point for Bacchi who quotes Deleuze directly: “[We] remain slaves so long as we *do not control the problems themselves*, so long as we do not possess *a right to the problems*, to a participation in and management of the problems” (Deleuze, 1994 [1968], p. 158, cited in Bacchi 2009, p. xvi, Bacchi’s emphasis). Drawing out this argument for her own purposes, Bacchi argues that the WPR approach, which is focused on “problem-questioning” rather than “problem-solving”, is a method of taking control of the ways social problems, and therefore solutions, are enacted. If we intervene in the enactment of a problem (problem-questioning), this thinking suggests, we can modify the enactment of the solution and thus the kind of reality we want to enact. As such, the WPR approach can be understood as a performative practice of ontological politics. By intervening in the enactment of problems and therefore solutions, researchers take some control of the potential realities, affects and bodies that interventions targeted at social “problems” work to enact. Following Bacchi and Deleuze, it is possible to treat texts as working to enact realities (Mol, 1999), and the problematisations they propose as limiting the possible field of action (Deleuze, 1994). This link with STS, and especially the work of Law and Mol, is also explicitly explored in Bacchi’s work.

In two 2012 pieces (Bacchi, 2012a, 2012b), Bacchi maps out the influence of STS on the development of her WPR approach. In the aptly titled chapter, *Strategic interventions and ontological politics: research as political practice* (2012a), Bacchi argues that research is a political practice. To make this argument, Bacchi draws on, and at times directly quotes, Mol’s (1999) theorisation of ontological politics. Working with the concept of ontological politics in particular, Bacchi (2012a) argues that research and policy are primarily concerned with the shaping of realities. Accordingly, and this time in reference to Mol (2002), Bacchi (2012a) argues that “we are no longer debating the varied ground for ‘access’ to a ‘knowledge’; rather we are focusing on the practices that create realities” (p. 144). Research, policy, education practices and problematisations are, therefore, performative. This move away from traditional epistemological approaches to performative ontological ones results in a focus on practices. Theoretical

interventions, then, such as the WPR approach itself, are understood to be “political practices” (Bacchi, 2012a, p. 151).

In that the WPR approach necessarily requires a focus on the practices that go into the enactment of problems, it is orientated towards relational thinking. In a recent article entitled “Why study problematisations? Making politics visible”, Bacchi (2012b) argues that the WPR approach makes “relations” rather than “objects” the primary phenomena of research. In her approach, problematisations are themselves relational phenomena that emerge in practice. Primarily drawing on Foucault in this piece, Bacchi argues that a focus on the practices that enact problematisations creates an opportunity to look at the relations involved in their emergence. It is through her focus on practices that the relational character of Bacchi’s approach is made apparent. Bacchi (2012b) argues:

The goal [of the WPR approach] is to stand back from taken-for-granted objects and concepts to determine how they have come to be through studying the heterogeneous strategic relations—the politics—that have gone into their making. (p. 5)

Problems are thus political and relational phenomena or assemblages enacted through relations of heterogeneous practices, objects, discourses, and bodies. Importantly, Bacchi returns to Mol (2002) when discussing the research implications of this argument, reasoning that methods, therefore, “mediate” between objects and their representations or enactments (p. 6). For Bacchi, it is important that researchers are aware of the ontological politics of not only the problematisations they investigate but their proposed methods of analysis. How does Bacchi operationalise her performative and relational insights in policy analysis itself? In the next section I explore the methodological tools she proposes and explain how I use them to analyse drug education.

What’s the problem represented to be in drug education?

Bacchi (2009) proposes six key analytical questions for conducting a policy analysis of problematisations, which can also be used for text analysis in general. In the course of my analysis I will not focus on each question equally closely. Rather, the WPR approach operates here as an analytical orientation or sensitivity. Thus, the WPR approach can be understood as part of my research “nose” in the Latourian sense. By this I mean that while her questions are rarely mobilised specifically in the analysis, they sensitise me to a range of relevant concerns.

However, in order to most effectively describe the utility of this approach for a Deleuzian analysis of drug education and to place each in its proper context, I introduce Bacchi's original questions and amended versions of them below, followed by an outline of my approach to each question.

As other researchers have argued, Bacchi's analytical questions can be adapted according to the needs of specific empirical concerns (see, for example, Seear & Fraser, 2014). In this instance I have adapted Bacchi's questions for an analysis of drug education that works extensively with Deleuzian and STS concepts. Bacchi's original six analytical questions are as follows:

1. What is the problem represented to be in a specific policy?
2. What presuppositions (background knowledge) or assumptions (about the world) underlie the representation of this problem?
3. How has this representation of the problem come about?
4. What is left unproblematic in the problem representation? Where are the silences?
5. What effects are produced by this representation of the problem?
6. How/where has this representation of the "problem" been produced, disseminated and defended? How could it be questioned, disrupted and replaced?

My version has only five questions⁴:

1. What are the problems represented to be in Australian drug education?
2. What presuppositions or assumptions underlie these problem enactments? What notions of youth, drugs and health make the problems possible?
3. What is left unproblematic in these problem enactments? Which forces and bodies are made to matter and which are erased from view?
4. What effects are produced by these enactments of problems? What can a young body do with drugs in Australian drug education?
5. How can these problems be questioned, disrupted and replaced?

Throughout my data analysis I look closely at the problems enacted within drug education. That is, much as Deleuze (1994 [1968]) advised, I attempt to participate in the enactment of problems. I do not regard youth drug consumption as a taken-for-granted problem that drug education

⁴ I have omitted Bacchi's third question "How has this representation of the problem come about?" This question focuses on the historical development of a problematisation. This thesis is not a history of Australian drug education and social marketing, but in my introductory chapter I provided a description of the fears surrounding youth drug consumption.

needs to solve. Rather, I look at the ways in which drug education assembles problems and the potential interventions these make possible. Importantly, this also means a focus on the kinds of affective capacities that are enacted as desirable for young people. For example, in Chapter 5 on peer pressure, I look at the way that when peer pressure is the assumed impetus for all youth drug consumption (or the problem), a focus on enacting young people with individualised skills of resistance becomes the necessary solution. This problematisation allows and disallows very particular possibilities for drug education, possibilities that I wish to expand through my problem-questioning approach.

1. What presuppositions or assumptions underlie these problem enactments? What notions of youth, drugs and health make the problems possible?

The data analysis chapters to follow recognise that drug education enactments of problems emerge in relation to existing influential understandings of young people and drugs. I will look closely at these understandings, such as psychological notions of youth development and psychological notions of rational decision-making processes. I will also ask how drug education understands drugs and what they do. For example, are drugs purely pharmacological entities with reliable effects? Or do drugs change depending on where and when they are consumed? Other aspects of these concepts, such as established understandings of risk, harm and pleasure, will also be analysed. I consider the ideals drug education is working towards. What is a healthy young person and how does she or he live? I also focus on who drug education enacts as responsible for managing the harm it presents as caused by drug consumption and how this harm is characterised. Here I am also concerned with the kinds of realities drug education enacts as ethical and desirable. What kind of peer relations does drug education attempt to assemble? What role do drugs play in these relations?

2. What is left unproblematic in these problem enactments? What forces and bodies are made to matter and which are erased from view?

Throughout my analysis I highlight the particular forces gathered in drug education to enact certain problematisations. This is a focus on what forces are enacted as active and important and what are erased from view. The data analysis chapters each map a particular force which is made to matter in the problematisations enacted in drug education. For example, young people's decision-making capacities are consistently emphasised. At other times, drug education emphasises the sexual violence that young women may experience during drug consumption events. Within these enactments certain forces are made present and absent. The consistent emphasis on decision-making, for example, can relegate the context of use to the background, thereby reducing its importance. Particular enactments of sexual violence in drug education texts can act in similar ways. As I will argue, the notion that certain drugs cause certain kinds of behaviour, at times, deemphasises gender in experiences of violence. For example, drug education texts often abstract violence against young women from its gendered context and instead focus solely on their consumption practices. In these ways certain forces (context and gender) are left unproblematic, or naturalised: they do not matter and are not open for intervention. By asking questions of the forces that are emphasised in drug education I highlight other forces that may need to be more closely examined.

3. What effects are produced by these enactments of problems? What can a young body do with drugs in Australian drug education?

"Effects" has a particular meaning in this question. Bacchi is emphasising three overlapping effects: discursive effects, which limit ways of thinking about an issue when it is framed in a particular way; subjectification effects, in which problematisations make available certain subjectivities and ways of living; and lived effects, by which she means the material impact of proclamations (see also Seear & Fraser, 2014). Considering my discourse analysis method, my formulation of Question 4 focuses on the first two concerns. I look at how youth drug consumption is made intelligible in drug education's enactment of the problem and what is made unintelligible. For example, I ask questions of the effects of understanding drug consumption solely through notions of risk and harm. I also consider the subjectification effects in that I consider the ways of living drug education makes available to young people. However, I add a particularly Deleuzian approach here in that I consider what bodies can do. I am concerned not

only with subjectivity but also with the enactment of objects and other forces and the relations that these can enter into that drug education attempts to make likely. In this way I ask not only what young people can do but also what drugs, spaces and concepts do in and for drug education.

4. How can these problems be questioned, disrupted and replaced?

In many ways question five summarises much of what my thesis is about. Through the conceptual resources introduced in the previous chapter and the analytical tools discussed in this chapter, I question and disrupt the current problematisations of drug education. However, as I emphasise throughout, many young people are already disrupting these problematisations. In each chapter I refer to the qualitative literature on drug consumption. This research provides much insight into the limitations of the current problem enactments in drug education, and the practices that appear in this research often necessarily disrupt them. What of replacing these problems? This is a key task of my thesis. I ask questions of current problematisations and replace them with my own. I draw on the ethical arguments of Deleuze to reconsider problems enacted in drug education and argue for their replacement with those that are developed in this thesis.

The WPR approach is a practical and effective method of data analysis, one that allows me to consider the relations of drug education with broader understandings of young people, drug consumption and youth sociality. Analysing the “problem” in this way works with the notion of ontological politics in that it connects the development of performative concepts with the enactment of material realities. In mapping problematisations and the forces that come together to constitute them I am able to answer my two primary research questions:

- 1) How are young people, their social lives and their drug consumption constituted in Australian drug education?
- 2) In its constitution of young people and youth drug consumption, is Australian drug education likely to reduce harm?

Assembling data

The data I analyse comprise an extensive corpus of Australian drug education resources. As such, they allow the most extensive sociological analysis of Australian drug education performed

to date. Other research, such as that of Midford (2000, 2007, 2010), Midford *et al.* (2012), McBride (2003), McBride *et al.* (2004) and McBride *et al.* (2012), looks closely at particular drug education strategies and makes recommendations accordingly. However, as I argued in the literature review, Australian drug education research has only rarely taken the bodies, affects and assemblages enacted through education practices as worthy of analysis. That is, research to date has tended to take for granted existing problematisations, such as youth drug consumption itself or peer pressure. Working from this position, existing research is generally concerned with the effectiveness (measured in very limited ways) of drug education rather than the politics and ethics of it. My analysis involves a unique conceptual, political and ethical orientation.

My analysis is based on a corpus of 63 Australian drug education resources. These can be divided into two categories: school-based classroom resources (n=24) and social marketing campaigns designed for public dissemination (n=39) (for the full set of school resources, see Table 1.1, Appendix A; for the full set of social marketing resources see Table 1.2, Appendix B). These resources were collected between February 2013 and February 2015. The documents were assembled using two primary strategies: Google searches⁵ and direct contact with government-funded organisations publishing the material. All texts chosen for close analysis were published by Australian government departments or government-funded organisations and focused on alcohol and illicit drugs. At the time of collection all materials were available on Commonwealth and state government websites that specifically targeted young people or school staff looking for drug education resources. Excluded materials were those designed for primary school-aged children (as these do not relate directly to the constitution of the category “youth”) and those produced by religious organisations (as these use atypical knowledge systems and moralities in the Australian context, are not officially endorsed and require a specific analysis outside the scope of this one). Also, resources concerned only with alcohol and other licit drugs were excluded from analysis. The problematisations of licit drugs, such as alcohol, are partly constituted by their legal status and as such require a dedicated analysis that is beyond the scope of this project. Although print resources are of particular importance in my analysis, a range of

⁵ The Google searches were performed using Google’s standard search field, using the search terms: ‘drug education’, ‘drug education resources’, ‘drug education resources for teachers’, ‘secondary drug education’, ‘drug information’, ‘drug info’, ‘harm reduction drug education’, ‘harm reduction resources’, ‘harm minimisation education’ and ‘harm minimisation resources’. After the search results were displayed, teaching resources produced by Australian state and Commonwealth government departments, such as the Commonwealth Department of Education and Training (formerly the Commonwealth Department of Education, Science, and Training), were selected for analysis. Some resources were collected from government-funded research centres such as the National Drug Research Institute (Curtin University) and the National Drug and Alcohol Research Centre (University of New South Wales). This description of the project method first appeared in Farrugia (in press).

other resources was analysed, including television commercials, computer games, smartphone apps and SMS services, and films. The selected texts are heterogeneous in that they were produced by a range of organisations and—particularly the social marketing resources—can differ in intent. However, all resources were produced by Australian state and Commonwealth government departments or key non-government organisations receiving government funds. For example, resources produced by organisations such as the National Cannabis Prevention and Information Centre (NCPIC) and the Alcohol and Drug Foundation (ADF) were also collected. Resources produced by government funded university research institutes such as the National Drug Research Institute (NDRI, Curtin University) and the National Drug and Alcohol Research Centre (NDARC, University of New South Wales) were included too. All the education texts analysed in this thesis espouse harm reduction goals and are typical of the kinds of resources available during this time.

Few previous researchers have reviewed drug education resources or charted the development of drug education resources in detail. Likewise, no literature exists on the uptake of most of the resources I have gathered. Further, no research has been conducted on the ontological politics of drug education. Due to this paucity of research, little is known about the use of the texts over time. Nor is much known about the influence the existing problematisations enacted in drug education classrooms. For example, young people's perspectives on these texts are not known, especially in relation to the issues raised in this thesis: gender, pleasure, sociality and friendship, the role of space and setting, and agency. From the position of my research these are important questions or problematisations that should be considered part of the "effectiveness" of drug education. Importantly, I should note that I am unable to assess the subjective relevance or effectiveness of these resources for young people over time. This is not the aim of my research and my method of text analysis is not suitable for such concerns. Rather, I work with Bacchi's notion of problematisations situated in a broader relational ontology to ask questions of the realities drug education articulates. This is not to assume a linear cause-and-effect relationship between the text and the messages young people may "receive". If drug education documents are understood as assemblages, the information and the messages they contain will take shape according to relations of the event of encounter (classrooms, bus stops, internet searching and so on). As I have argued elsewhere, the messages contained in drug information often materialise in very unpredictable ways, for example, they may encourage scepticism of all official drug information (Farrugia & Fraser, *in press*). However, by drawing on the concepts introduced in this and the previous chapters and other qualitative research on youth drug consumption

(reviewed in Chapter 1), I am able to look at the gaps and silences, what is problematised and what is naturalised. Overall, I ask questions of the realities, practices and affects and capacities drug education makes more or less imaginable.

All materials were catalogued and subjected to thematic analysis guided by my modified version of Bacchi's analytical questions. I developed the thematic areas and key terms after extensive review of the qualitative literature on young people's drug consumption. I also systematically collated all relevant research specifically concerned with drug education to further inform the development of these themes (developed and explored in Chapter 1). Other important themes that were not as prevalent in the research literature emerged as analysis progressed. For example, the analytical process involved mapping out important features of the enactments of youth consumption in each text. As I emphasised in my theoretical chapter and briefly returned to in this chapter, the task was to map out the kinds of relations between bodies such as young people, drugs and settings, which together assemble particular problematisations of youth drug consumption. From here I focused on what particular bodies such as young people, drugs and settings do. By looking at how different forces are ascribed agency, I analysed how particular problematisations are enacted. In scrutinising how these problems are assembled, I focused on textual and graphic presentation, text content, the implied imagined targets of drug education, assumptions about drug consumers, inclusions and exclusions of information, positioning of information in relation to other information, and modes of address. Following this, I collated all problematisations of young people, youth sociality, responsibility and settings of drug consumption, identifying which appeared most commonly, either explicitly or implicitly. Coding and analysis was managed using NVivo10 (QSR, Melbourne) software.

A case study of new possibilities

Before I move on to briefly introduce the data I should note that although the resources analysed in this thesis form a comprehensive dataset I make no claims to generalisability. Indeed, such a goal does not make sense in a Deleuzian approach. For Deleuze, empirical research should not be about generalisability or singular empirical truths. Rather, Deleuze and Parnet (1987) argue, "the aim is not to rediscover the eternal or the universal but to find the conditions under which something new is produced" (p. vii).

In a performative ontology there can be no single, stable world about which to make generalisable claims. Instead, Deleuze argues that the ethical task of research is to find the

conditions under which the production of new realities is made possible (see also Latour, 2004). While based on a very extensive dataset, my thesis does not purport to be a complete overview of the development and practices of drug education in Australia. My analysis acts as a case study, driven by the ethical and political questions introduced in the previous theory chapter, which establishes new conditions of possibility for drug education. As Deleuze and Parnet (1987) and Mol and Law (2002) argue, research should not be used to impose a single order of reality. Similarly, I do not present my case study of drug education as if it is representative of larger reality in which it easily fits. Research assemblages, in this case drug education documents, should be approached in their own right as differing slightly from all other phenomena. The phenomena under scrutiny may still contain insights for other contexts, for example for sexual health education programs (see, Chapter 7; Farrugia, in press), but what is taken as similar cannot be taken for granted (Mol & Law, 2002). These texts are not necessarily representative but instead perform another kind of work. As Mol and Law (2002) put it, “they may suggest ways of thinking about and tackling other specificities, not because they are ‘generally applicable’ but because they may be transferable, translatable” (p. 15). My analysis thus makes claims and develops insights about drug education specifically, but it also sheds light on other realities, practices and assemblages. In what follows I work through realities of youth rationality, gendered moral orders of health and pleasure, notions of harm, safety and bodily development. For example, I ask questions of the ways drug education articulates gender, responsibility and regret in youth consumption practices and the co-constitution of this notion with sexual violence. I question the utility of such approaches for helping young people develop harm-reducing capacities specifically, but such arguments have relevance in other contexts too. My analysis also leads to questions of the ways gender is understood in sexual health education, for example, but also the problems of failing to see gender as part of the enactment of substances (drugs) themselves. This case study is specific in that it highlights a range of shortcomings of Australian drug education, but many of my arguments are translatable in that they can be used to enact new problematisations beyond the specific empirical concern of this thesis. Therefore my dataset and analysis is sensitising and unique; it acts as an incitement to ask questions of realities enacted in drug education and a range of other practices and contexts too (Mol & Law, 2002).

The structure of this thesis is another affect of my research method I need to attend to before I move on to describe how I collected and organised the texts that appear in the following chapters. As has been argued in other contexts, meaning or realities are not enacted through content alone but take shape through form and structure too (see, for example, Irigaray, 1985; Law, 2007; Mol & Law, 2002). Each of the forthcoming data analysis chapters focuses on one

primary force, assemblage or problem enacted in drug education (decision-making and rationality, peer pressure, space and setting, gender, and parties). My decision to separate different concerns into different chapters enabled certain realities to be performatively enacted in ways contrary to my theoretical orientation and analysis. The performativity of writing structure is something Deleuze and Guattari (1987) are also concerned with: “A book composed of chapters has culmination and termination points. What takes place in a book composed instead of plateaus that communicate with one another across microfissures, as in a brain?” (p. 2). Here Deleuze and Guattari argue that traditional linear writing composed of sequential chapters enacts a range of separate phenomena and concerns that begin and end. In this way, the structure co-constitutes phenomena as separate entities rather than as necessarily assembled bodies. Although, at times in my analysis, I refer to the connections between the focus of the chapter and the focus of future chapters, by separating them in this way my structure can operate to rearticulate this siloing ontology. While this thesis is written in the traditional form (introduction, literature review, theory, method, data analysis, conclusion), I have made one structural intervention to put focus on the assemblage as the primary unit of analysis. The final data analysis chapter on parties acts as an example drug-assemblage enacted in drug education. In each preceding chapter I map one force before I analyse how these forces co-constitute each other in an assemblage: the party-assemblage. Building up the analysis in this way performatively enacts the assemblage as a key ontological unit while pointing to the mutual implication of all the primary forces (decision-making and rationality, peer pressure, space and setting and gender). My structure works to emphasise the way the forces I map in my analysis lie alongside each other without any assumed hierarchy or narrative (Law, 2007). In this way, I point to the overlap and co-constitution of these forces. Each force is understood as lying on a surface, jostling and shaping each other at the same time as I try to assemble and capture them for the sake of my analysis. Stopping short of presenting the thesis completely outside of the traditional structure, I have nonetheless conducted my analysis “in the middle”. Each chapter does not articulate a singular problem which I attend to then leave behind, but one body in a drug education assemblage; the entirety of which is then analysed in Chapter 8 (on parties).

Introducing the data

As I have noted, this analysis draws on two datasets. The school-based resources comprise vast amounts of material presented in classroom activities. The resources are designed to fit into existing school curriculum requirements and therefore provide structured lesson plans and activities for up to a semester of classes. The majority of resources include games, such as board

games, and activities that are supposed to model real-life drug-related situations. Role plays that require students to act out certain scenarios and attempt to embody certain subject positions are also very common. Images are used throughout the resources. For example, students are presented with images of “developing brains”, narratives of drug-related situations such as parties, and images of intoxicated young people. Speech bubbles and short scripts model the interactions young people may have in these situations. Thus, young people negotiate unexpected risks that emerge in clubs and bars, young men deal with violence and young women discuss ways to keep safe during nights out. Lists of consequences of drugs are frequently presented, ranging from psychological problems to financial problems. Other resources contain short films in which the characters act out issues discussed in the resources. Much like the drug-related situations described in textual narratives, these films present risks and dangers for young people to negotiate. Thought bubbles are often used to depict private thoughts and doubts about drug consumption which young people are presented as having trouble expressing publicly. Advice is provided in the form of quotations from authoritative experts or as devices such as “strategy cards”. National and other alcohol and other drug consumption data are often provided. The complexity of these resources underlines the considerable effort that has gone into making them accessible, engaging, appealing to the eye and interactive.

The social marketing resources have also been designed to be visually stimulating. Rather than being appealing, social marketing resources usually attempt to shock the viewer. Television commercials present examples of young people’s suffering due to drug consumption. Images, such as those of damaged skin, prematurely aged faces, and young people with generally unkempt appearances, are used to communicate the risks drugs pose to social and physical health. Images of dirty drug production laboratories also appear. These resources attempt to deliver clear-cut unambiguous messages quickly and clearly. “Fact sheets” are used to provide lists of drug effects, consequences of drug consumption and dangers of drugs. Slogans, such as “What are you doing on ice?” (2014), “Speed, you don’t know what it’ll do to you” (2005) and “Marijuana: What a waste” (2010) attempt to communicate the merits of abstinence. Much like the school resources, the social marketing campaigns attempt to catch the eye and engage the audience, but the techniques used to achieve this are different.

The themes identified in my analysis and explored in the forthcoming chapters emerge across both datasets. However, at times, chapters draw more heavily on one dataset than the other. This is a result of the differences in design and scope of classroom and social marketing resources.

For example, Australia's compulsory education system allows classroom drug education unequalled access to large groups of young people. Importantly, the young people populating these classrooms are obliged to cooperate and can be punished for failing to do so. Such access creates unique opportunities for intervention. As such, classroom resources often include extended written narratives and storyboards to tell detailed morality tales and describe drug-related harm. These narratives, and the exercises based on them, can only be used effectively in extended classroom settings. In contrast, young people are not graded on their knowledge of the "cannabis risks" presented on a social marketing poster; they are also not reproached for not paying enough attention to a poster or television commercial. In all these respects the delivery setting shapes the design and scale of materials. However, I consistently draw on both datasets to argue that the different concepts I discuss are prevalent across a range of different media. The particular examples chosen are reflective of common techniques and accounts of youth drug consumption across classroom and social marketing texts and were singled out for their clarity and richness.

Conclusion

In this chapter I have outlined the methodology of my project. I began by returning to Deleuze to fully explain how to understand a drug education text in a Deleuzian frame. I argued that my textual analysis attempts to map specific enactments of texts for the manner in which they may shape affects and capacities. From here, I introduced Carol Bacchi and her WPR approach. Her argument that we need to analyse problematisations rather than problems links directly to the focus on performativity and relations in the previous chapter. In this respect her work acts as an analytically sensitising tool, with which I map the problematisations of youth, their drug consumption and social lives in drug education. I introduced five analytical questions that I adapted from Bacchi for my analysis. My five questions establish a particularly Deleuzian account of analysing the problematisations in drug education. Drawing on an extensive corpus of classroom and social marketing texts, in the following chapters I carefully map the key realities enacted in drug education. As I have argued, the analysis I conduct can be seen as a case study rather than as a generalisable argument. However, this thesis contains findings relevant both to drug education specifically and to practices that appear unrelated to drug education. In developing a particularly Deleuzian approach to problem-questioning, my research participates in the development of new problematisations that expand the realms of possibility currently enacted in drug education.

Chapter 4: Youth rationality in drug education

This chapter is the first of five that analyse what a young body can do in Australian drug education resources designed for classrooms and social marketing campaigns developed for a more general audience. In conducting this analysis, I first separate key concepts at work in these documents—rational decision-making, peer pressure, setting and gender—and finally reconsider all these together in a chapter on the assemblage of youth parties. As I emphasise throughout this thesis, these concepts are not understood to exist independently of each other. Like all phenomena in Deleuzian ontology, these concepts are assemblages of relations. They necessarily co-constitute each other in these texts and other contexts too.

This chapter is primarily concerned with rationality. Drug education texts commonly provide lists of different subjects, practices and harms understood to be “drug-related” for students to arrange in order of concern. I first analyse these lists and the classroom activities based on them. This chapter also explores the enactment of drug-related problem scenarios. As with the lists, drug education consistently provides young people with vivid descriptions of “drug-related” problems for analysis. I look closely at how these scenarios co-constitute decision-making and rationality. The chapter concludes with an analysis of the system of rationality and related youthful neo-liberal subject enacted in these resources. Together, these discussions map how the notion of “youth” in drug education is partially enacted through a concept of rational decision-making based on a process of listing, analysing and deciding. That most of these documents are designed for drug education classrooms is central to this analysis. The health messages and notions of youth enacted in these documents are designed to be presented to young people in settings where they are expected to learn information from authority figures. Students in these classes are assessed and graded according to what they have learnt. Yet, much of the information, and the notion of youth it co-constitutes, is based on unexamined social norms, expectations and moralities. As such, drug education “teaches” students a range of problematic understandings not only of drug consumption but also of how to be a responsible, healthy and safe young woman or man. In teaching young people these unexamined and, at times, very problematic assumptions of drugs and life more broadly, drug education becomes an instrument of social reproduction and may play a role in exacerbating “drug-related” and other social harms, rather than reducing them.

Thinking of texts as assemblages means mapping the connections within and between texts.

While in this chapter I focus on broad concepts of decision-making, specific notions of decision-making and the notion of youth they co-constitute are immanent to the drug education texts in question. That is, drug education is for, about and constitutive of youth. As we will see, decision-making and youth are assembled in many different ways in these documents:

- young people are future-orientated decision-makers;
- young people are potential rational decision-makers in the making; and
- young people need to be trained in rational decision-making.

My analysis will explore the various ways decision-making by young people consuming licit and illicit substances is enacted in these documents. Notions of what it means to make a decision have significant implications for understandings of agency and responsibility. As I will argue, drug education's enactments of decision-making tell us a great deal about the kinds of self-moderating, rational adult subjects drug education aims to develop in order to reduce drug-related harm.

Analysis: List, analyse and decide

As I will show, the young person enacted in Australian drug education is a vulnerable yet rational problem-solving decision-maker. This young person is understood to make decisions within a two-dimensional social life defined by peer pressure. In many resources, young people are required to identify and create lists of potential risks and dangers associated with drug consumption; following this, they must rank each risk in order of severity. Finally, to keep themselves safe, they must develop a series of safety plans. Armed and prepared, the young problem-solver is able to venture forth and try to survive the maelstrom of risk and danger seen to define young people's drug consumption events and youth sociality generally. These notions of rationality and decision-making reflect broader psychological understandings of the decision-making process that are important to look at closely. In order to do this, I first trace the lineage of decision-making theories operating in drug education. Following this, I turn explicitly to analysing the documents. I begin by briefly considering some ranking activities presented in the resources, in which young people are asked to identify problems and then rank them in order of the level of risk or danger they pose. From here, I discuss some of the many drug problem scenarios for which young people, and at times parents, are invited to develop strategies. Finally, I analyse the system of rationality explicitly and implicitly enacted by these activities. My

discussion focuses both on how the enactment of youth shapes the goals of drug education materials and on how this characterisation enacts the young people who may come into contact with these materials.

Theories of decision-making

As I discussed in the introduction to this thesis, drug education researchers often argue for the utility of teaching young people good decision-making skills (Beck, 1998; Midford, 2010; Nicholson *et al.*, 2013). This is seen as part of a more holistic approach to drug issues in which young people are empowered to make their own decisions. However, what has not been questioned is how the notion of the decision is conceptualised and to what ends. While the resources seem to treat decision-making as a commonsense activity that can be learnt through simple exercises, decision-making and rationality are hotly contested by philosophers and social scientists (McCormack & Schwanen, 2011). Some theorists have focused exclusively on rational processes (Edwards, 1954) while others emphasise the influence of affect and emotion on decision-making and judgment (Peters *et al.*, 2006). As I will clarify, current drug education implicitly conceptualises decision-making in ways very similar to rational decision theory (Edwards, 1954), the theory of reasoned action (Ajzen & Fishbein, 1973) and the theory of planned behaviour (Ajzen and Fishbein, 1980). Accordingly, these documents take for granted rational deliberative processes and generally reflect normative models of decision-making used in many different education strategies for decades (see, for example, Beyth-Marom, Fischhoff, & Quadrel, 1991). Models of decision-making very similar to those in these drug education documents have also been used in much youth substance use research, such as research into youth alcohol consumption (see Kuther, 2002 for a review). How I conceptualise the enactment of the “decision”, or how it is understood, relates directly to my conceptualisation of agency and individual responsibility. Accordingly, I look closely at this theoretical territory as it illuminates many of the assumptions in Australian drug education.

As noted, thinking about decision-making has long been dominated by rationalist models. Rational decision theory (Edwards, 1954), the theory of reasoned action (Ajzen & Fishbein, 1973) and the theory of planned behaviour (Ajzen & Fishbein, 1980), all conceptualise the process of making a decision as a rational activity. In drug contexts, these theories present young people’s decisions as the result of a reasoned assessment of positive and negative possibilities of consumption (Kuther, 2002). Although apparently commonsense, this emphasis on rationality has been heavily criticised within psychology (Furby & Beyth-Marom, 1992; Peters *et al.*, 2006).

Rational decision theory's assumption that individuals have access to a known set of alternatives, contemplate all possibilities, and foresee and comprehend the consequences of each one has been criticised because all these "decision elements" may not be deliberate or accessible through cognitive introspection (Furby & Beyth-Marom, 1992).

Neglect of social influence is a second major criticism of traditional decision theory. The theories of reasoned action (Ajzen & Fishbein, 1973) and planned behaviour (Ajzen & Fishbein, 1980) attempt to address this criticism by taking into account "social" influence. The theory of reasoned action considers subjective norms as influences on action; subjective norms consist of normative beliefs about particular practices, such as drug consumption. This theory understands norms as influences on the *intention* to do certain things, and intentions are understood to be the only direct determinants of action (Kutner, 2002). The theory of reasoned action attempts to provide a more detailed account of social influence through a focus on intentions and their relationship to norms. The theory of planned behaviour takes these challenges one step further. Its major conceptual contribution is its move away from the assumption that subjects have full volitional control over their actions at all times. This theory (Ajzen & Fishbein, 1980) works from the understanding that decisions are usually made in situations in which individuals do not have all the necessary resources (such as money or time) for complete control over their actions. According to this theory, perceived control over certain actions or "behaviours" is considered more important than actual control. That is, an individual's confidence in his or her own ability to perform a given behaviour is considered the key determining element of actual action (Kutner, 2002). For example, prior to being in a drug consumption situation, a young person may feel very confident that she or he is able to resist drug consumption invitations. It is this confidence in the ability to resist that the theory of planned behaviour conceptualises as the key predictive factor for drug-related decisions. Had this person believed that she or he had little ability to resist drug consumption invitations, the theory of planned behaviour predicts that the young person would participate in drug consumption. These two related theories—reasoned action (Ajzen & Fishbein, 1973) and planned behaviour (Ajzen & Fishbein, 1980)—attempt to take into account "social" influences on decision-making. However, much like decision theory more generally, they share a generally rationalist approach, and an assumption with other normative decision-making models that proper decision-making comprises listing, analysing and then acting (Beyth-Marom *et al.*, 1991; Kutner, 2002).

A developing body of psychological work departs markedly from these models, instead emphasising affect in understanding decision-making and judgment. For example, Peters *et al.* (2006) argue that the field of judgment and decision-making has neglected “hot processes” of decision-making in favour of a focus on cognitive, deliberative and reason-based, or “cold”, processes. They contend that this focus on rationalised decisions based on the assessment of possible benefits and consequences neglects the influence of the affective climate and emotional state of the individual. To clarify, this body of work uses the notion of affect to call attention to emotion; it does not relate to the Deleuzian sense in which affect is a pre-personal intensity that modulates agential capacities (Massumi, 2002), but nevertheless offers important insights into decision-making processes relevant to the analysis conducted here. One such insight is that rational models assume people always seek objectively positive outcomes. The notion that all people will inevitably seek “happy” feelings rather than “melancholy” ones or avoid “risk” in favour of “safety” assumes that moods exist separately from context. Vastfjall and Garling (2006) argue that there are many situations in which feelings are sought that are less positive than traditionally positive ones. What kinds of feelings someone may seek will inevitably be shaped by the context and mood of the individual. Listening to sad music at the end of an intimate relationship is one example. Individuals may also be unlikely to seek excitement or happiness at the funeral of a friend or family member. Thus, although “excitement” or “happiness” are usually thought of as positive experiences and therefore rationally more appealing, they are not always desirable. The point here is that how a person feels is as much an influence on decision-making as is rational analysis. A similar point can be made about the “positives and negatives” of drugs themselves. Cannabis may be used to stimulate conversation and enact friendships but it may also be used to wind down after work and enjoy solitude. The decision to consume a drug or not, then, is mediated by the immediate context in which the decision is made (Duff, 2007). From this position, a decision could be seen as a combination of so-called cold and hot processes, but this too would be rather simplistic. It is the hot processes that shape the kinds of ends the cold processes may hope to achieve so the “two” processes are thoroughly co-constitutive. Both “hot” and “cold” emerge within assemblages and cannot be conceptualised as two discrete entities or forces. These debates emphasise the complexity of notions of decision-making and the act of making a decision itself, something emphasised further in another body of work complicating notions of sovereign decision-making individuals.

Human geographers have asked critical questions of enactments of individual cognitive decision-making processes relevant to the analysis in this chapter. The central argument made in much of

this work concerns the relational nature of agency and action (see, for example, Anderson & Harrison, 2010; McCormack & Schwanen, 2011; Middleton, 2011). As Anderson and Harrison (2010) argue:

While we do not consciously notice it we are always involved in and caught up with whole arrays of activities and practices. Our conscious reflections, thoughts, and intentions emerge from and move with this background “hum” of on-going activity.
(p. 7)

Whereas psychological arguments such as those of Peters *et al.* (2006) and Vastfjall and Garling (2006) stop at pointing to the influence of emotion on decision processes, geographical research asks us to focus on the possibilities that spaces and times allow. Consistent with Deleuzian ontology, for Anderson and Harrison (2010), agential capacities are shaped or assembled by an array of bodies, affects and discourses. McCormack and Schwanen (2011) argue more specifically that decisions are events that occur in particular spatial-temporal contexts. It is these contexts, both micro and macro, that work to open and close certain possibilities for action. Approaching decisions from this position foregrounds the bodies that make up this “hum” of activity. Deleuze and Guattari’s (1987) conceptualisation of affect can be used to understand the relationship between contexts and decisions that makes up this hum. Using affect in a Deleuzian sense means not just focusing on emotions but rather understanding, after Anderson and Harrison (2010), that local assemblages and their affective atmospheres co-produce not only what options are available as “decisions” but the actual agential capacity of a body to make them. Agency, then, is not an inherent state of a young person but a becoming capacity. If bodies are in a constant state of becoming and their affects are defined by the assemblage of which they form a part, then the agency of each body is itself in flux: agency is becoming. As Kane Race (2011) argues in relation to experiences of drug consumption: “agency cannot be exclusively contained in a human being—nor even in the norms, values, and discourses which are assumed to animate human behaviour. Action is hybrid, in the sense that it takes place in collectives” (p. 411).

If, as Race (2011) argues, the agency of bodies is produced by the assemblage, then the agentic capacities of drug consumers and the effects of drugs themselves are immanent to the assemblage of which they form a part. Decisions do not occur in a rational vacuum, but are shaped by emotion and feeling, as well as an assemblage of other human and non-human bodies. Importantly this argument enacts the deciding subject as an emergent body; the subject does not

precede the decision but is instead made in the event. This argument conceptualises decisions not as purely cognitive processes defined by individual deliberation but as actualisations of virtual potentialities within an event (McCormack & Schwanen, 2011). Approaching decisions in this way results in a research focus on the ways an assemblage makes particular ways of acting sensible in specific situations (Hitchings, 2011). Decisions, then, are not simply “made” by an individual actor but instead are the result of a co-production of bodies that together guide the subject in their action. What we “want” and what we do largely emerges from the situation, instead of prior planning (Hitchings, 2011). Importantly this suggests that rationalities, and what are “rational” options, are also partly enacted by the spatial-temporal arrangements that make them possible (Rhodes, 2002). In the analysis to follow I work with these insights in order to look closely at how the notion of the decision and rationality emerge in the enactment of the youthful, problem-solving choice-maker in Australian drug education.

List: Ranking risks

The first element of the youthful subject enacted in Australian drug education I am concerned with is his or her propensity for identifying, listing and ranking risks and dangers. Australian drug education documents consistently utilise situation-ranking activities to identify and order potential dangers or worries in the lives of young people. Drug-related risk and harm are the primary problems constituted in these documents (Bacchi, 2009). However, these risks and harms are interspersed with more general life problems and dangers informed by a broader notion of tumultuous youth experiences. Consider, for example, a ranking activity in the Commonwealth Department of Education, Science and Training’s (DEST) teaching resource *In tune: Students participating in drug education* (2006). In this activity students are expected to order from “most offensive” to “least offensive” a series of “drug-related situations”. These situations include:

- seeing a woman smoking while she is pregnant,
- seeing your brother or sister smoking cannabis everyday,
- seeing a young woman in the gutter with vomit all over her, and
- seeing someone being offered an unknown tablet at a party. (p. 156)

A very similar activity, aimed at encouraging young people to seek help for themselves and those around them, appeared six years later in the drug education teaching package entitled *Making the*

link (2012) developed by the NCPIC. Students are required to work in pairs or small groups to rank various situations according to their potential level of concern. These concerning scenarios include:

- your friend prefers to drink or smoke bongos at home rather than go out with friends,
- your friend goes out every Saturday night and has more than 5 alcoholic drinks,
- on Sunday your friend had a few bongos and then drank a few beers and ended up vomiting on his lounge room floor,
- your mate has become really aggressive and yesterday at sports training he punched another guy in the face,
- your friend hardly talks to you or anyone anymore. He doesn't return your calls or emails and every time you see him he is alone and looks miserable,
- your friend used to put in a big effort looking nice for school and parties, but now she doesn't seem to care what she wears or looks like, and
- your mate has told you he smokes bongos because he can't cope with life. (pp. 14-15)

Many questions can be asked of these lists. What is to be achieved by asking students to order a series of situations from “most offensive” to “least offensive” is one important question. The activity suggests that instead of being empathetic towards those that may require assistance, such as the woman in the gutter, young people should be “offended” or disgusted by them (Lupton, 2015). Damaging normative expectations of femininity and masculinity are also at work in these ideas. (These particular dynamics will be discussed in detail when I return to many of these exercises in a dedicated chapter on the role of gender in drug education.)

Of most importance for my current analysis is the way the lists that appear in these documents attempt to enact a single reality in which young people's lives are defined by risks and danger causally connected to drug consumption, emotional distress and general struggles to “cope with life”. The future-orientated, problem-solving subject is enacted here. This young, health-conscious person identifies and lists potential dangers and “consequences” of drug consumption according to a very rigid system of rationality prior to entry into drug consumption contexts. This is a young person who orders her or his life and experiences social interactions in purely cold, rational terms. The immediate situations that give meaning to these possible events do not appear as a consideration here. The young person partially enacted through these lists is one unburdened from her/his becoming with the world. This is a young person who stands back, disconnected from the surroundings, and attempts to make a rational decision immune to the

affective climate of the spatial-temporal arrangement from which decision-making processes and agential capacities emerge. These lists also actively constitute and define a series of ways in which the young person (especially the young woman) may *fail* to live up to the ideal problem-solving subjectivity. In this respect these lists do not comprise random dangers and risks; instead they enact a series of traditional abject subjects that have failed to live up to neo-liberal subjectivity, and the potential consequences of this failure (Race, 2009).

Analyse: Potential problem scenarios

Along with the listing activities found in so many drug education and health promotion materials, classroom-specific drug education consistently presents drug consumption situations and scenarios for students to evaluate. Invariably the characters in each scenario need to overcome certain problems, described in vivid detail. Peer pressure, sexual advances of older male peers towards younger female peers, young male violence and alcohol poisoning are all common. Other stressors such as family “breakdown”, financial hardship and changing economic and social responsibilities are also described, all of which suggest youth as a time of “storm and stress”. In these activities, students are required to analyse and identify “problems” and develop appropriate strategies to deal with them. For example, a Commonwealth Government teaching resource designed for year 8 and 9 students (ages 14 & 15 years) requires them to list the most appropriate services to help and support in a series of “predicaments” (*Cannabis and consequences*, DEST, 2003). One such predicament, again presenting youth as an uncertain and troubling time, is as follows: “Louis is always fighting with his brother. He can’t concentrate at school, he’s stressed and he thinks using cannabis will help him forget” (p. 95).

Nine years later, *Making the link* (NCPIC, 2012) presents students with another drug consumption scenario. This time posed from the perspective of a friend, it asks students to rank their perceived level of concern about, and what kind of help they would seek for, scenarios such as the following: “on the weekend, your friend tried smoking cannabis for the first time. She said she might try it again” (p. 15). Students are required to rank this situation against various others including: “your mate takes crazy risks when he’s stoned. Last week he jumped in front of a car to see if the driver would stop. Lucky for him they did” (p. 15).

A similar approach can be found in a Victorian teaching resource designed for years 9 and 10 students (ages 15 & 16 years) which asks students to create three “strategies” to deal with the

following drug consumption scenario (*Get ready*, Department of Education & Early Childhood Development [DEECD], 2013):

Steve has been invited to a party with a group of guys he has started to hang out with. When he arrives, he finds the guys sitting in the basement, listening to music. As they talk, Joe lights up a joint, takes a few drags and starts to hand it round the circle. Steve is next in line. He hasn't given this much thought but feels like now he's expected to join in...

Think of 3 things he could do. (p. 14)

This is a complex enactment of a problem in that the dangers inherent to the scenario seem quite banal. The scenario suggests that the appearance of a joint transforms a social situation otherwise centred on listening to music and talking into one laden with risk and danger. Steve's feeling that he should participate in smoking the joint implies that the presence alone of cannabis entails peer pressure. Further, the presentation of this scenario as a problem to be solved assumes a very specific audience. This is an audience who would have avoided such a social engagement altogether had they known cannabis may be available.

Students are not the only people expected to analyse problem scenarios. Take, for example, a recent drug education classroom resource entitled *Positive choices* (NDARC, 2014) released by the Commonwealth Government's Department of Health. The title alone suggests an understanding of drug consumption as a series of "choices", positive or not. Beyond this though, the *Positive choices* parental information booklet provides the following list of reasons for why young people consume drugs⁶:

"Someone had some and I just thought I'd try it."

- Ask if they knew what they were taking and discuss the effects of that particular drug;
- Ask whether it was what they expected, and talk about the risks of continued use;
- Try and find out if they felt pressured, and if so, discuss ways to handle similar situations in the future

"It made me feel really good."

⁶ This list is adapted from an earlier list published on the Department of Health and Ageing website available: [http://www.drugs.health.gov.au/internet/drugs/publishing.nsf/content/campaign/\\$file/Reasons%20teens%20use.pdf](http://www.drugs.health.gov.au/internet/drugs/publishing.nsf/content/campaign/$file/Reasons%20teens%20use.pdf) accessed (05/02/2015). The original list is analysed in Farrugia (2014).

- Find out how they have been feeling in general, as this may be a good time to offer help and to find out if there is anything else going on, or if they want to talk about another issue;
- Talk about less risky and healthier ways of feeling good.

“All my problems from school, at home and in life just went away.”

- Let them know that you’d like to talk about any problems and discuss how to make things better;
- Discuss whether the problems returned after the effects of the drug wore off and highlight that using only makes the problems disappear for a while;
- Make it clear that you want to work together to find a better way of solving their problems. (Commonwealth Government Department of Health, 2014, p. 6)

Each of these scenarios enacts youthful drug experiences and youth in general as a time of uncertainty and stress. When young people state that they “just thought they’d try” a drug this is enacted as a peer pressure situation (a concept analysed in depth in the next chapter). The idea that a young person’s drug consumption stems from a desire to escape the problems of life, as suggested in the third example, again casts drug consumption as a mask for or untenable escape from the problems of youth. In fact, even when a young person states that drug consumption was pleasurable or “made them feel really good,” the advice given assumes that this pleasure must stem from a broader dissatisfaction, and parents are advised to find out if “anything else” is going on. As will be seen below, unlike young people, parents are not provided with a “how to” guide for decision-making, but are given problem scenarios to solve. Accounts such as these enact youth as an intrinsically troubling or distressing time which works to push young people into consuming drugs (Farrugia, 2014), thereby re-enacting common notions of youth as a time of storm and stress (Keane, 2005b; Lesko, 2001).

Many social marketing campaigns utilise similar scenarios to these classroom-based resources. One such social marketing resource is an information pamphlet found on the Department of Health and Ageing’s (DHA) National Drugs Campaign website entitled *Read this before Saturday night* (2010). Under the heading, “What would you do?” a narrative of relationship breakdown caused by cannabis consumption is presented.

Shelley and James, both 22, have been dating for three years. They’re thinking of taking the plunge to buy a house together—but there’s one thing standing in their way...

“James has been into marijuana since we met,” says Shelley. “I thought it was a phase he’d grow out of.” Now that they’re thinking of buying a place together, her opinion has changed...

Addicted

“He insists he’s not addicted, and says he could quit at any time,” says Shelley... “I don’t like that he smokes pot all the time. The other problem? Money. “We agreed we’d start saving as much as we could for a house deposit. So far I’ve saved \$7000, and he’s saved a grand total of zero. I’m starting to wonder whether we’re heading towards a dead end...”
(p. 4)

It is significant and in some respects puzzling that this scenario enacts cannabis as the only problem the young people face. Where, we might ask, is the wisdom in taking out a mortgage with such precarious finances and at such a young age? The scenario seems to normalise property ownership and debt even among very young people in the process of problematising cannabis consumption. As such, it is a complex enactment of conservative neo-liberal subjectivity. In one sense the desire to take out a mortgage and buy a house is an example of proper neo-liberal ambition and subjectivity, yet this example could also be read as a risk scenario in which “youthful impulsivity” is leading to a poorly thought out investment potentially resulting in loan default and bankruptcy. The fantasy of the stable couple, united from early adulthood, presumably aiming for parenthood in their owner-occupied home, also positions the perspective on cannabis in the resource as conservative in orientation. These issues are relegated to the background, however, as the reader is invited to conceive of the key issue at stake as “marijuana addiction”. Again, as in the classroom resources, young people are invited and expected to identify a “drug problem” in this narrative and required to develop strategies to deal with similar scenarios.

So far I have identified a series of problem scenarios presented in drug education resources that enact a future-orientated, problem-solving individual and imply the storm and stress of youth should be overcome through adherence to “adult” modes of living, in this instance symbolised by property ownership and monogamy. This is an individual very similar to that identified in analyses of the inscription of the neo-liberal subject within other drug-related health promotion materials and policy (Fraser, 2004; Lupton & Petersen, 1996; Moore & Fraser, 2006; O’Malley,

1999). As I go on to argue in Chapter 7, the neo-liberal subject in these drug education resources is heavily gendered. This subject is unique, however, in that it is explicitly youthful. As such, it is of pressing importance to consider what these enactments of youth achieve in drawing on broad societal conventions and stereotypes whilst also remaining specific to their particular context. To do this, I now analyse the system of rationality and decision-making explicitly enacted through the youthful problem-solving subject. This is one significant force co-constituting what a young body can do in drug education.

Decide: A system of rationality

A key element of the drug education documents that works to hold together the problem-solving subject described above is the system of rationality and decision-making enacted in them. This system is implied, for example, in the problem scenarios and is also made explicit in certain classroom activities. As discussed in my methodology, the compulsory school years provide an unparalleled opportunity to directly reach large groups of young people and significant portions of their time. Accordingly, time-consuming and elaborate activities in which young people are expected to learn complex “skills” such as decision-making are unique to classroom drug education. Social marketing campaigns designed for public places are unable to mobilise similar activities. In keeping with the problem-solving values and training articulated in the resources, classroom drug education documents enact a young person who carefully evaluates all possible responses to and repercussions or “consequences” of an action. My first example of the system of rationality at work here comes from a drug education resource designed for lower secondary school students (ages 13 & 14 years) (*My TV*, 2003). Most of the activities in *My TV* (2003) are based on a video of the same name. This video presents scripted queries about drug consumption from young people who are then given advice from a series of professionals including a youth researcher, an alcohol and other drug worker and a doctor. On the topic of “making decisions”, the youth researcher gives this advice:

If you’ve got a difficult decision to make, it’s a good idea to maybe think of three, four, even five or six different possible things you could do in that situation, even if some of them are things that you really wouldn’t be caught dead doing. Once you’ve thought through the options like that, you can be sure that you are going to home in more on something that’s right for you because while you are thinking of those options, you’ll also be thinking about what would happen if you made that decision, so you’ll be thinking about the different consequences involved. (p.18)

The same youthful subject appears again as a future-orientated rational decision-maker six years later in another teaching resource developed for the School Drug Education and Road Aware program of the Western Australian state government entitled *Choices: Alcohol and other drugs* (Government of Western Australia, 2009). As indicated by the title, this resource imagines all drug consumption to be based upon a series of choices. It is important to analyse how these documents actually conceptualise choice and the process of making a decision. Designed for use in secondary schools, this resource presents a wide variety of activities. One activity requires students to identify the negative effects of drug consumption on four aspects of life: “money and work”, “family and friends”, “my health” and “police and the law” (Government of Western Australia, 2009, p. 28). The “take home message” of this activity is that:

Drug use affects all areas of a person’s life. Drug use affects other people as well as the person using the drug. *It is very important to think about all the things that could happen before making any decision about drug use.* (p. 29, emphasis added)

One question about this activity that immediately presents itself concerns the causal links assumed here between “drug effects” and these different aspects of life. Familial relations, employment status, interactions with police and even (physical) health are by no means anterior, stable or fixed entities and experiences. As scholars have already noted, drug consumption cannot be understood as having a predictable and stable effect on such variable and complex social processes and relationships (Duff, 2014a; Fraser & Moore, 2011b). The likelihood that anyone can take into account “all the things that could happen” as a result of drug consumption is another important question to be asked of this activity. Foreseeing all the potential repercussions of an action that is itself co-produced by many other agencies and phenomena is extremely demanding, indeed impossible. Further, many of the reasons for action alluded to in the advice may not be immediately accessible through such introspection. In a step beyond the drug problem scenarios discussed in the previous section, these activities make an overt demand that the young person take into account every eventuality. Here, young people must account for all possible consequences of their actions, weigh up the pros and cons of each, and decide on a future direction accordingly. This is a young person who must unfailingly *list, analyse and decide*.

As we have seen, the ideal problem-solving subject is one with the power and agency to individually carry out health directives and autonomously say “(k)no(w)” to drugs (Beck, 1998;

Tupper, 2008b). However, these documents do not discount the possibility that such decision-making processes are influenced by other agencies. Importantly, the notion of “peer influence” or peer pressure appears in almost all, where it is treated as the most significant element shaping young people’s choices about drugs (to be discussed in detail in the next chapter on peer pressure). This notion of peer pressure is intimately implicated in the enactment of rationality and decision-making in Australian drug education. The “decision-making process” (Figure 1.1) presented in *Choices* (2009) is one example of this.

The following process describes the steps that you need to consider when trying to make a decision in an alcohol or other drug situation.

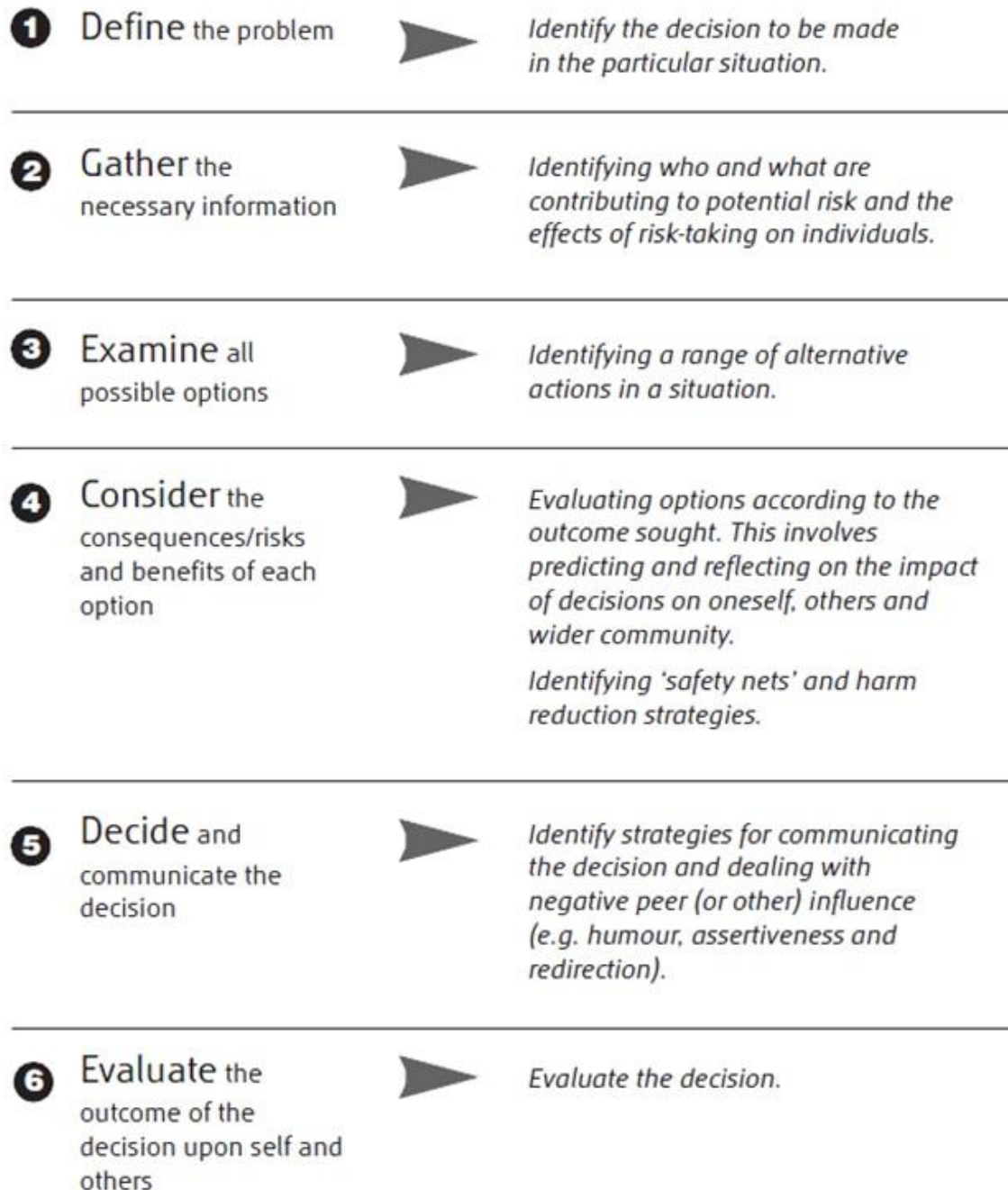


Figure 1.1: The decision-making process (Government of Western Australia, 2009, p. 117)

The model of rationality and decision-making presented here is a complex and extremely detailed individualising account of action. Individuals are invited to use the guide to identify contextual factors or “influences” that may lead them to consume drugs rather than to avoid or reject them. As I argue later, these influences are consistently represented as arising from peers. While *Choices* (2009) acknowledges that influences other than peers exist, these remain unspecified. Instead, the vast majority of activities proposed are explicitly concerned with managing the influence of other young people. One example entails the following scenario: “you are studying for an exam with your friend and having trouble staying awake. Your friend tells you to take some caffeine tablets (e.g. No-Doz) so that you can study all night” (Government of Western Australia, 2009, p. 106). Also striking is the constancy of these models across time. The model depicted in Figure 1.1, for example, is not new; a very similar table appears 10 years earlier as “the decide model” (Figure 1.2) in *Drug education R-12 teacher support package: Senior years* (Department of Education, Training & Employment, South Australia, 1999, p. 149). This “decide” model (d-e-c-i-d-e) gives students a highly organised and prescriptive way of thinking through problem scenarios that is very similar to those found in the other drug education resources already discussed.

The 'decide' model



*D*etermine the question – what do you need to decide?

*E*xamine the choices – what choices could you make?

Choice One	Choice Two	Choice Three
↓	↓	↓

*C*ollect Information – what information do you need about each choice?

Choice One	Choice Two	Choice Three
↓	↓	↓

*I*nvestigate Consequences – what are possible consequences of each choice?

Choice One positive:	Choice Two positive:	Choice Three positive:
negative:	negative:	negative:
↓	↓	↓

*D*ecide – which option would you chose?

*E*valuate – was the option a good one? Would you choose the same way again? Why?

Figure 1.2: The “decide” model (Department of Education, Training & Employment, South Australia, 1999)

Both these examples present a step-by-step process of information gathering, contemplation and decision-making. In each case, the young problem-solver must draw on his or her previously developed safety or risk-management plan and adapt it to the specifics of the current situation. Following this, the young person must consider all the options and then “decide” on the best course of action.

A similar model of decision-making appears in a drug education resource entitled *Climate schools: Online prevention* (2014). Developed by NDARC, this resource consists of a range of internet-based activities and classroom exercises. One activity entitled “decision making/problem-solving” uses a “decide” model similar to that presented above:

The steps involved in decision making/problem-solving are below.

1. Define the problem or the decision to be made.
2. Consider all the possible options/alternatives to solve the problem or decision.
3. Write down all the positives and negatives for each option/alternative.
4. Weight all the positive and negatives for each option.
5. Select the best alternative.
6. Implement the solution.
7. Monitor progress.
8. Review and learn from your experience. (NDARC, 2014)

The same rational, sequential understanding of decision-making identified in earlier resources appears here. Young people again “list, analyse and decide” on issues in their lives. There is one important difference between this more recent decision model and those already discussed however: rather than being designed for alcohol and other drug consumption situations, this model is designed to be used for making any decisions about the future. Unsurprisingly, the primary decision this model is understood to be used for is whether to initiate or cease drug consumption: “A young person’s choice to initially use cannabis or cease using the drug can be challenging. The skill of decision making can assist them to make more informed and well thought out decisions” (NDARC, 2014).

As such, this model does not ask young people to rationally “list, analyse and decide” their futures in drug consumption scenarios. Rather, it enacts young people who sit down with pen and paper and rationally list, analyse and decide things they may or may not do in the future.

Although this is unique, this model shares some key assumptions with *Choices* (Government of Western Australia, 2009) and *Drug education R-12 teacher support package: Senior years* (Department of Education, Training & Employment, South Australia, 1999). This is a highly individualised notion of decision-making, one that occurs in a vacuum and is not in any way enabled or constrained by the social field. Again, this is a future-orientated process. One question that should be asked here is whether the decision to initiate drug consumption can also be understood in such rationalised and individualised terms. It seems somewhat misguided to assume that young people will sit down to contemplate and then list the positives and negatives of initiating cannabis consumption. Rather, much research suggests that people often act according to habitual embodied practices shaped by the space and time of action (see, for example, Hitchings, 2011; Middleton, 2011). This reproduces a problem seen in health promotion materials, which regularly present drug consumption as a highly individualised practice, effacing the complexity of what is often a social activity (see, for example, Dorn, 1983; Dwyer *et al.*, 2011; Fraser, 2013; Mandelbaum, 1965; Sansom, 1980). *Climate schools'* (2014) model is further unable to account for the complexity of experiences of pleasure, sociality and friendship that cannot be so simply inserted into cost/benefit analysis (Foster & Spencer, 2013; MacLean, 2016). Such an account of decision-making also works to ignore the considerable body of research that points to far more complex decision-making processes, including processes and decisions, that do not model rational analyses aimed at achieving the greatest possible good (see McCormack & Schwanen (2011) for a review of relevant theories of decision-making). This notion of the future-orientated young individual also assumes a strictly prudent and rational neo-liberal subject. This is a young person that will always make the “right choice” after the rational process of assessing the positives and negatives of drug consumption. However, enacting failed individual decisions as the central “problem” and cause of youth drug consumption profoundly limits the potential solutions drug education has to offer. If the problem is a youthful inability to make rational decisions, then simplistic and de-contextualised decision models appear to be reasonable solutions (Bacchi, 2009). Enacting decisions with very limited answers in this way also works from the assumption that there is no incontrovertible evidence that smoking cannabis is a bad life choice, a perspective that fails to acknowledge research and evidence are both intrinsically political practices and categories (Mol & Law, 2002). Although this recent enactment of decision-making has important differences from the resources already analysed, the “decide” model it uses remains committed to a very similar notion of a future-orientated young neo-liberal subject in the making.

Cannabis and consequences II (NCPIC, 2014), is another resource that uses notions of decision-making in attempts to reduce harms understood as drug-related. Designed as an update to the original *Cannabis and consequences* (DEST, 2003) resource (also analysed in depth in this thesis), it is intended for secondary classrooms and is freely available for download on the NCPIC website.⁷ *Cannabis and consequences II* contains an activity entitled “Refusal strategies” which also relies on implicit notions of decision-making (Activity 3E, p. 1). In order to learn a decision process that leads to drug refusal, students are asked to read a range of problem scenarios featuring fictional characters Jack and Jen. One scenario runs as follows:

Jen is out with Al for the first time. She has had a crush on him for a year and he has finally asked her out. They are going to grab something to eat then go and see a 3D film at the cinema. Al tells Jen that he thinks they should have some weed before they see the film because it will make the 3D film even better. Jen has never smoked before, not even cigarettes. She really likes Al and wants him to like her as well.

After thinking through these scenarios it is expected that students will be able to develop “statements or something they could say to dissuade Jack/Jen from trying cannabis” (Activity 3E, p. 2). Before this can happen, however, teachers are first required to explain that the “experiences of trying or using a drug and the outcome that results can be influenced by three factors” (Activity 3E, p. 1). These three factors are presented using the following graphic (Figure 1.3):

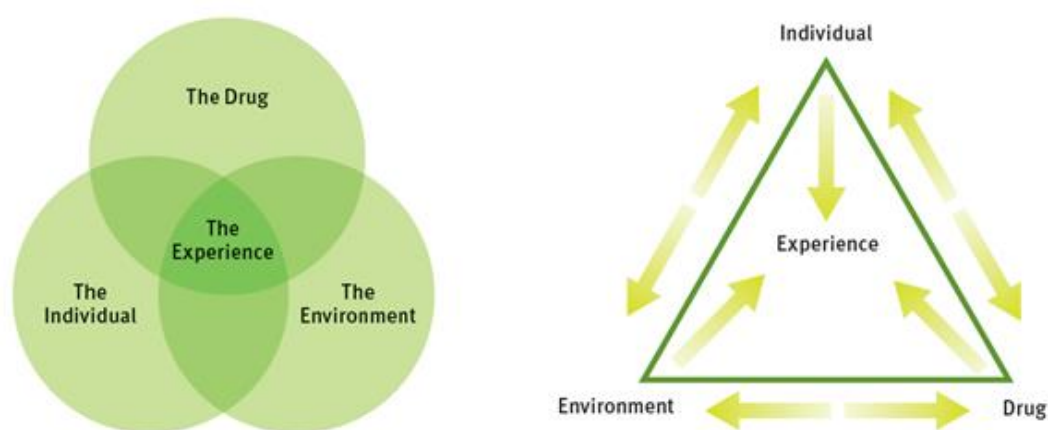


Figure 1.3: The decision triangle (2014)

⁷ Accessed online at <https://ncpic.org.au/shop/all-resources/> (24/07/2016)

Each argument the student makes against drug consumption must be linked to risks presented by the drug, the individual or the environment. For example, a young person may attempt to convince Jen not to smoke cannabis as she already has the flu (the individual) and it may make her feel worse, or they may inform Jed that skateboarding at the skate park (the environment) after smoking cannabis may be dangerous (Activity 3E, pp. 1-3). Although unreferenced in *Cannabis and consequences II*, the triangle model appears to be directly inspired by Zinberg's (1984) research on the relationship between individuals, drugs and settings.

After discussing these different elements, students are supposed to use this understanding of drug, individual and environment to conceptualise drug consumption decisions. Unlike the “decide” models seen in *Climate schools* (2014), *Choices* (2009) and *Drug education R-12 teacher support package: Senior years* (1999), however, initially *Cannabis and consequences II* highlights the combined role that drugs, people and environments play in defining drug experiences. This is a very common model in drug education that attempts to account for the role of context or setting in experiences of drug consumption, and will be analysed in some detail in Chapter 7. Here I focus on the decision-making processes enacted in this model. This notion of decision-making is unique in Australian drug education in that it is not explicitly defined and laid out in a sequential order. The attempt to account for context or environment is also an important difference here. While all the other notions of decisions discussed make no such attempt, *Cannabis and consequences II* is explicitly focused on this. However, the activity tries to sensitise young people to different factors they can use to convince their friends to avoid drug consumption. In doing so it first focuses on a singular abstinence message. This has considerable potential to encourage scepticism of the credibility of the information provided (see, for example, Farrugia & Fraser, in press). Second, it assumes an unwaveringly agential young person not shaped by context or environment but simply able to act within it. By conceptualising decision-making as an outcome of three anterior objects—individuals, drugs and environments—this model is unable to account for the range of agential capacities that emerge out of drug consumption events. Returning to Deleuze's account of the becoming body, itself an assemblage of other bodies, opens up questions of this account. Decisions, the options that define them, and the capacity of bodies to make them, are properties of the assemblage. Young people, then, are not so ontologically distinct from their surrounds as to be able to so easily step back and consider the different risks posed by a certain mix of drugs, people and environments. This individualising or atomising ontological account of drug, individual and environment also results in attempted interventions in individual actors such as people and drugs at the expense of broader assemblages of bodies,

practices and affects. We could also ask questions of the way that gender functions within this intersecting model of drug, individual and environment. However, these are concerns for later chapters. Here I emphasise that *Cannabis and consequences II* is unique in its attempt to account for the importance of agencies outside of individual deliberation in decision-making. However, despite this innovation, it remains committed to a notion of the empowered sovereign individual. This is a young person who rationally deliberates about her or his surrounds but this time convinces others to abstain from drug consumption.

An understanding of the concepts that underpin these notions of decision-making is essential for an analysis of the particular version of rationality they enact. Drug education materials very rarely formally identify the origins of their notions of decision-making, health, youth, or even drugs. However, these texts are all properly viewed as assemblages that necessarily draw on, intentionally and otherwise, prevailing concepts of subjectivity, reason, responsibility and decision-making. The “decide model” itself is not strictly an academic construct in that it does not appear to emerge from the research literature. The model draws informally on contemporary assumptions about the rational subject to propose a sequenced model of the decision-making process and an imagined rational choice actor. By mapping the connections between this model and the broader research field I aim to emphasise the way the “list, analyse and act” sequence it promotes shares much with various psychological theories of decision-making. These theories and this model share a conceptualisation of decision-making about drug consumption as a highly refined deliberative cognitive process. Inspired by rational decision theory (Edwards, 1954) and preceding rationalist models such as the theory of reasoned action (Ajzen & Fishbein, 1973) and the theory of planned behaviour (Ajzen & Fishbein, 1980), drug consumption is understood to result from a conscious analysis of the positives and negatives of such a decision, informed by reliable (usually health) information. In keeping with the theory of planned behaviour (Ajzen & Fishbein, 1980), drug education attempts to reduce a young person’s *intent* to consume and increase his or her *perceived* agential capacity to avoid drug consumption. It does this via a range of strategies, many of which have already been described, but a particularly striking example can be found in the presentation of epidemiological alcohol and other drug consumption data, a principle of Australian harm reduction education (DEST, 2004).

Many of the resources supply epidemiological data on reported rates of “any use” and “recent use” of different licit and illicit drugs organised according to the age of respondents. Data are also provided on the rates of young people who have had negative drug consumption

experiences such as violence, presented as causally related to alcohol. The reason for providing this information appears to stem from the “social norms” approach to drug education. This approach is based on the idea that young people regularly overestimate the drug consumption of others and wish to match it. If informed of the real (lower) rates, so the argument goes, their intent to have drug experiences will be reduced (Bewick *et al.*, 2013; Hughes *et al.*, 2008; McAlaney, Bewick, & Hughes, 2011). In this conceptualisation of decision-making, young people’s deficient knowledge of social norms is the “problem” to be addressed. The “decide” model discussed here attempts to solve this problem by providing a resource on which young people can draw, and thus increase their perceived control over their own actions. Or as Bacchi (2009) might put it, the problem of young people’s “unrealistic” knowledge of the “social norms” of drug consumption can be solved by providing them with “accurate” information. In this sense, the problem and solutions are thoroughly co-constituted phenomena. Scenarios requiring spontaneous decision-making about drug consumption are understood to be intrinsically risky or dangerous. Of course, two simple assumptions integral to all these materials are that contact with drug consumption is relatively rare for young people, and that it is accidental: they do not actively seek out drugs. Having to make a decision about drug consumption is to be placed in a compromising situation that requires definition as a “problem” before appropriate action can be taken. This is a process of listing (dangers and risks), analysing (options and consequences) and deciding on how to proceed. It is most explicit in the “decide” models discussed above, but can be found in other materials as well.

Beyond the rational decision-maker

The individualism inherent in the “decide” model means it is unable to adequately account for the role of context (a concept that will be carefully explored in a later chapter) in decision-making. In contrast, approaching drug consumption decisions using Deleuze’s concepts of affect and assemblage results in a focus on the capacities that spatial-temporal arrangements make possible. If decision processes are shaped in and through assemblages, including the rationalities that co-produce action, it is unreasonable to assume that all drug consumption assemblages will enact the same capacities and processes. Rather, certain (however rare) drug consumption assemblages may co-constitute decision processes that follow a rigid and linear process such as those of the “decide” model, but this will most certainly not happen in all. Integral to this argument is the idea that the self and the options themselves are emergent phenomena. The self qualitatively changes during the process of deliberation (Smith, 2007); this suggests that decision-making is not only a group process rather than purely an individual one (Panagopoulos &

Ricciardelli, 2005) but that it also involves non-human phenomena. The notion of decision-making in Australian drug education considers only one active force decision situations. From this perspective it is worth asking how the provision of these kinds of materials will actually curb drug consumption practices. Will these decontextualised and cumbersome models of decision-making contribute to reducing drug consumption or safer drug consumption practices?

Qualitative research on enabling environments and harm reduction (Moore & Dietze, 2005), pleasure and youth drug consumption (Pennay, 2012), and young people's "health choices" (Fox, 2002) suggests that models such as this will be of limited use. In their research with street-based injecting drug consumers and sex workers in Melbourne, Australia, Moore and Dietze (2005) highlight the significant material and spatial/temporal constraints faced by marginalised drug consumers when trying to make harm-reducing "decisions". For example, participants in this research had to balance individualised harm reduction advice, such as, the preferability of injecting with a partner, monitoring tolerance and sampling a small amount of heroin before use, with risks of physical assault, robbery and arrest. As such, other priorities were sometimes deemed more urgent, for example, avoiding arrest or finding money to purchase drugs. In such complex, and at times dangerous, spaces and times it appears these people's agential capacity to carefully "list, analyse and decide" was very limited. Rather than such individualised advice, Moore and Dietze (2005) argue for the enactment of "enabling environments". These are environments that increase people's harm-reducing agential capacity, for example, through the provision of needle and syringe vending machines and extended operating hours for health services. Pennay's (2012) research established that some young people's decisions about their drug consumption (what substance, how much, with who, in what way) were intimately shaped by the context of consumption. For example, private spaces were likely to co-constitute more intimate social experiences and heavier ecstasy intoxication whereas club spaces were associated with methamphetamine consumption and more controlled bodily comportment. For these young people, then, decisions about drug consumption were again not simply based on a series of pros and cons but instead situated events intertwined with pleasure, sociality and the space and time of consumption. Fox (2002) draws out these complexities further in an analysis of young people's ecstasy consumption. He argues that young people possess their own knowledgeabilities about potential risks and hazards of ecstasy that may not always accord with expert information on the topic. However, Fox argues that when young people do not act in accordance with expert advice on drug risks, such as by consuming drugs, they are not simply resisting norms of behaviour. Rather, Fox draws on Deleuze and Guattari (1987) to suggest that

drug consumption is more usefully thought of as an affirmative practice of experimenting with what a body can do. In this sense, drug consumption practices are part of a process in which young people experiment with affective capacities and become sensitive to what their bodies “can do”. In this way, young people increase their sensitivities to certain affects, relations, possibilities and ultimately, realities. Such an analysis indicates that when young people transgress the limits on behaviour established in external knowledge this can be understood “as part of an ongoing, unfolding experimentation rather than an irrational and irresponsible risk behaviour” (Fox, 2002, p, 177). Like Moore and Dietze (2005) and Pennay (2012), Fox (2002) convincingly argues that consumption decisions are not made by purely rational independent people but are instead shaped by a complex array of forces.

In light of this research it seems drug education’s expectation that a young person list, analyse and act when, for example, offered MDMA whilst at a crowded party, fails to account for the multitude of affects, bodies and desires flowing in such an assemblage. The same criticism can be raised of the “social norms” approach that assumes all young people will rationally avoid drugs once they know the “truth” of drug consumption rates. Perhaps it is worth helping young people to develop corporeal sensitivities to some of the multitude of elements in drug consumption assemblages; to think not just about the pros and cons but also about how they feel about the current space, music, people and general atmosphere. Rather than actively obscuring affect, as is currently the case, drug education could benefit from an increased awareness of, and focus on it. To think in this way suggests drug consumption cannot be understood purely as a deliberative set of decisions but a far more complex practice shaped by assemblages of bodies, desires, affects and pleasures. Current notions of decision-making in Australian drug education show no understanding of the specific spatial, corporeal and practical dimensions of drug consumption assemblages and the ways these mediate decision-making processes (Dilkes-Frayne, 2014; Duff, 2007; 2014b; Moore & Dietze, 2005; Pennay, 2012; Race, 2011). Working with these concepts enacts decisions as distributed and relational achievements that emerge across space and time and are shaped by past experiences and potential futures which are all folded into an event. Importantly, this is an event that, at times, will only be conceptualised as an active “decision” afterwards (McCormack & Schwanen, 2011). Essentially, the models on which drug education currently rely enact a body unburdened from becoming with the world; this is a body disconnected from the space and time of decisions (McCormack & Schwanen, 2011). Such limitations are particularly important as assemblage thinking highlights the way local contexts

work to open and close possible ways of thinking about drugs and modify the agential capacities of all bodies.

The youthful neo-liberal subject of drug education

In a variety of ways these drug education documents enact a neo-liberal subject similar to that identified in previous critical health research (see, for example, Bunton, 2001; Fraser, 2004; Moore & Fraser, 2006; Winter *et al.*, 2013). The notion of youth that appears here is an empowered agential neo-liberal individual able to make autonomous decisions to promote his or her own safety. However, these texts are unique in that they are addressed to youth rather than to adults, and appear to see young people as still developing into proper subjects of neo-liberalism. Youth are not yet fully competent neo-liberal subjects: they must complete their training, and for this reason the resources enact clear, structured step-by-step processes on *how* to rationally deliberate and enact neo-liberal subjectivity. If this “how to” guide is understood and enacted properly, a young person will be assembled who is able to calculate both future risk and immediate danger. The problem scenarios such as those posed in *Cannabis and consequences* (DEST, 2003) and *Get ready* (DEECD, 2013), and the ranking activities proposed in *Making the link* (NCPIC, 2012), co-produce a future-orientated youthful body. Reflecting common notions of the malleability of youth and the need to prepare them for “proper” adult life (Wyn & White, 1997), these documents explicitly lay out the process of neo-liberal subjectification and enjoin young people to take part. The overt nature of this process most significantly differentiates this material from the health promotion materials analysed in other research.

As I have already noted, the neo-liberal subject at work in these documents has been the target of much criticism in other health-related contexts, including health promotion aimed at adults who inject drugs (Fraser, 2004). A primary concern articulated in this research is the overwhelming focus on the individual in much health advice, and the assumption this entails that all people have the same resources with which to manage their health. Instead, researchers argue, a broader approach is needed, one that takes into account other complexities such as structural inequality (Fraser, 2004; MacLean, 2008; Miller, 2001; Rhodes, 2002). Another criticism made in this research relates to the assumption that empowered young people will properly avoid the potential risks of drug consumption if they are given the “objective” health facts (Beck, 1998; Tupper, 2008b). This ignores the complexity of drug experiences which cannot be consistently attributed to negative influences such as peer pressure, or even conceptualised as negative experiences at all. Rather, the affects and becomings that flow from drug experiences emerge out

of unique assemblages of meanings, practices and bodies (Duff, 2014b; Race, 2011). Positive or negative experiences of drugs then are defined by the co-production of a plethora of different phenomena. It is this unique assemblage that shapes the drug experience, the consumer's attitude and feelings, and agential capacities. Rather than attempting to attend to this complexity, drug education simply presents a single problem with a single solution, thereby reducing its potential flexibility and relevance for audiences (Bacchi, 2009). In this way, rational choice models of health promotion and drug policy often present information in such a way as to construct a very limited range of choices and practices as "rational" (O'Malley & Valverde, 2004). By purely presenting narratives of youth drug consumption defined by negative motivations and experiences, these documents enact abstinence as the only rational choice young people can make. It seems that there is actually very little freedom to make a decision in drug education. As abstinence is the only choice, young people are expected to reach a predetermined "decision" regardless of what their list, and subsequent analysis, tells them. To recall my earlier example, it is very possible, and reasonable, for Steve to decide that the risks posed by smoking the joint in the basement are minimal, while the pleasures of sharing it with his new friends may be exceptional. In offering only one rational choice, this limited decision model attempts to coerce and shame young people into making the "right" choice of abstinence. To make any other decision is to expose yourself to the righteous accusations of "offensiveness" so well exemplified by *In tune* (DEST, 2006). This tension is one of the key issues that led Blackman (2004) to assert that drug education can rarely be considered properly "educational"; instead it presents only information *against* drugs, rather than offering information *about* drugs. The same issue appears in the Australian documents analysed here. The classroom exercises, hypothetical drug consumption scenarios and social marketing campaigns present only information against drugs. The problem scenarios perform a similar reality. Thus, *Read this before Saturday night* (DHA, 2010) presents relationships as vulnerable to collapse in the grip of a cannabis "addiction". *Get ready* (DEECD, 2013) warns us that Steve's time with his new friends moves from innocent relaxing and socialising to dangerous peer pressure the moment a joint enters the scene. *Positive choices* (NDARC, 2014) informs parents that all youth drug consumption is indicative of stress, dissatisfaction or distress in the lives of their children (see also Farrugia, 2014).

Conclusion

In this chapter I have mapped one key problematisation in the drug education assemblage, that of decision-making. In doing so I have argued that this concept in turn constitutes a powerful force upon what a youthful body can do in Australian drug education. The full significance of

these understandings of decision-making and rationality will not be fully mapped until all other lines in this assemblage are explored. The concept of decision-making vibrates with, and co-constitutes, the other concepts to be explored: peer pressure, space, gender and parties. Before moving on to consider these other concepts, it is useful to sum up what decision-making tells us about notions of youth in drug education thus far. The youthful body in drug education is a future-orientated body that identifies and calculates risks and dangers. This same young body must then list, analyse, decide and finally act correctly in complex drug consumption situations. Importantly, these enactments are unique in that they are explicit and didactic. Drug education articulates only one rational decision—abstention—to which young people may say “yes”. At the same time it remains almost completely concerned with presenting a range of subjects and practices to which young people must say “no”. Forcefully directive in tone, often delivered in school settings so effectively compulsory, drug education establishes a process of subjectification that operates partly through a form of exemplary power in which audiences are presented with exemplary abject and stigmatised subjects who embody failed decision processes.

Previous research has characterised contemporary health policies and health education practices as “governing from a distance” (see, for example, Gastaldo, 1997; Petersen, 1997). I have drawn on this same theoretical insight to discuss the process of neo-liberal subjectification in relation to youth and drugs, identifying a key difference: subjects of Australian drug education are not so much *invited* to take up these subject positions as *told* what kinds of failed subjects they will become if they make the wrong choice. This is not to say that other health promotion and education does not contain directives (see, for example, *Dwyer et al.*, 2011). However, in the material targeted at adults, subjects are imagined as capable of practising safer drug consumption. Adults are in principle provided with “objective” health and risk information and left to “make their own decisions”. This is not the case in the drug education documents discussed above, which attempt much more explicitly to territorialise what a young body can do. These education documents do not *describe* the becomings of young bodies, rather they try to *organise* and *produce* certain bodies (Malins, 2004a) that will embody normative “rational” thought processes during their linear developmental trajectory to adulthood (Wyn & White, 1997). The subjects of drug education are not only advised of the risks of drug consumption but are also obliged, through exercises, to play out and thereby come to embody the precise processes necessary for making the only rational choice: abstention. Drug education and prevention materials targeted at adults work to responsibilise the user (Fraser, 2004; Winter *et al.*, 2013). However, in doing so they also enact agential bodies, capable of “making decisions for themselves”. In contrast, the documents

analysed here enact an incompetent youth who requires narrow, systematic models of behaviour and decision-making to successfully negotiate the “dangers” that define her or his social terrain.

In summary, in this chapter I have argued that current Australian drug education enacts a neo-liberal subject who must make the “right” choice. Importantly, this is a choice that is theirs and theirs alone. To aid in this task the education documents present models of decision-making. These activities imagine young subjects who must gather information, “examine all possible options” and consider the pros and cons of each one. Once this process is complete, this young subject can decide on a course of action before evaluating her or his decision. As we will see in the following chapter, this structured yet complex process is designed to guide behaviour in social situations defined by peer pressure. Given youth is a time commonly seen in these resources as characterised by social and emotional turmoil (Keane, 2005b; Lesko, 2001), these exercises ask young people to put into action very complex processes under very challenging conditions. By drawing on Deleuze and Guattari’s (1987) concepts of becoming, affect and the assemblage, we can achieve a much more productive account of decision-making and social relations than currently enacted in Australian drug education. In explicitly effacing a range of agencies that affect decision processes, drug education currently works to deny access to resources and influences that young people could draw on in drug consumption scenarios. That is, drug education operates to desensitise (Latour, 2004) young people to the agency of a plethora of important forces active in drug consumption events. In doing so drug education may be working to reduce harm reduction agential capacities rather than increasing them.

Chapter 5: Peer pressure and youth sociality

This chapter continues my mapping of the assemblage of youth in Australian drug education. Building on the previous chapter, I now look at a different problematisation in this assemblage: peer relations and youth sociality. I consider the ways in which peer relations are understood to shape decision-making processes. This discussion will require a close study of the very influential concept of peer pressure. I argue that drug education currently understands the relationships between young people and youth sociality in general through a simplistic concept of peer pressure. In focusing on peer pressure, I ask the question: how do young people list, analyse and decide when around their peers? Later it will emerge that gender is a particularly important aspect of the notion of peer pressure in drug education (but this is a concern for a later chapter). For now I focus on the conceptual assemblage of “peer pressure” itself which, understood alongside decision-making, space and gender, and brought together in the enactment of youth parties, provides a detailed account of the assemblage of youth in Australian drug education.

In order to deliver a full account of the specific workings of peer pressure in drug education I first provide a review of its historical development and use in youth drug research. This section is primarily concerned with the key critiques of peer pressure notions of youth sociality and how they relate to common anxieties about young people’s social relationships and “development”. From here, I begin my direct analysis of the data. I argue that the concept of peer pressure is most commonly enacted through scripted scenarios of drug consumption invitations and “hot seat” activities. Such activities require a student to sit in the “hot seat” while one student attempts to convince her/him to consume drugs and another student attempts to dissuade her/him from drug consumption. These activities model the influence of peers on the decision-making process and the ways they may disrupt the list, analyse and decide process. By drawing out the tense relationship between these concepts, I continue to map the complex assemblage of youth that is specific to Australian drug education. As the discussion progresses a vision of youth peer groups populated by binary opposites will emerge: people who exert a “good influence” and other who place “bad pressure” on them. Many other concepts relating to youth, drugs and health are also enacted in binaries, including adult/youth, irrational/rational, healthy/unhealthy and natural/unnatural. I untangle the work of such binaries as I continue my analysis of what a young body in Australian drug education has been assembled to do in her or his peer group.

The great majority of drug consumption narratives and problem scenarios presented in Australian drug education enact youth drug consumption as a social activity. In doing so they make some attempt to acknowledge the social processes that may influence a young person's individual capacities to make decisions. Throughout Australian drug education, peer networks and friends are enacted as the greatest risk factor in young people's lives. It is the influence of friends—peer pressure—that is constituted as the biggest challenge to successfully completing the decision-making process. This idea emerges from developmental conceptions of youth which greatly influence youth drug research (Moore, 2002) and the youth research field more broadly, where it has a long history.

The notion of peer pressure is fundamentally concerned with the effect of social influence on individuals. The study of social influence can be traced back to prominent psychological compliance studies such as those of Crutchfield (1955) and Asch (1956). Studies such as these attempted to deduce the processes that lead to individuals “yielding” to group “pressure”. Other research uses the notion of “social influence” rather than “peer pressure”. Inspired by “social inoculation theory”, the basic premise of social influence or peer pressure understandings of social interaction is that young people are socially vulnerable and lack the required skills to resist peer pressure (Teesson *et al.*, 2012; Turner & Shepherd, 1999). Both approaches conceptualise the influence peers can have on each other in the same way (Arnett, 2007) and both have been criticised for conceptualising this process as unidirectional (Foster & Spencer, 2013).

According to Durkin (1995), the term peer pressure refers to: “overt or covert inducements from persons of comparable social status to adopt attitudes, behavior, or appearance in ways that one might not otherwise favor” (p. 434). Thus, peer pressure understandings of drug consumption are concerned with young people being coerced, tricked or pressured into consuming drugs they would otherwise not be interested in. These notions of youth drug consumption can be appealing for a variety of reasons. First, the idea that young people must constantly deal with coercive strategies to get them to do things they would rather avoid fits well with dominant ideas of youth experiences of “storm and stress” in which young people are thought to be vulnerable to the pressures of an intrinsically uncertain and dangerous social milieu consistently threatening their otherwise linear development into adults (Wyn & White, 1997). Second, and clearly related to the first point, the idea that all drug consumption is a result of peer pressure works to bolster comforting notions of “innocent” youth who only need the correct kind of social influence from

friends and family to progress on their path to maturity. If young people are pressured into drug consumption then this consumption is not their “fault”, and responsibility and blame can therefore be placed on those who led the young person astray (Coggans & McKellar, 1994). As will be discussed in the later chapter concerned with parties and partying, exactly who is enacted as responsible for these acts of pressure is co-produced with social status.

The concerns about peer pressure and youth sociality in general that appear in drug education mirror many of the anxieties about young people’s development. Developmental understandings of youth or “adolescence” conceptualise youth as a universal and inherently problematic age-defined developmental stage (Gabriel, 2013; Wyn & White, 1997). Importantly, this stage is thought of as the time when young people will “find themselves” with the appropriate self to find being the prudent, rational “adult” who no longer partakes in “risky” behaviour such as drug consumption (Wyn & White, 1997). Two primary dangers exist during this period: the young person her or himself, and young people’s peer groups. In the previous chapter on decision-making I focused on how drug education attempts to instruct young people on their comportment and rationality. I argued drug education uses decision-making activities in attempts to explicitly deal with the “problem” of young people’s compromised rationality. In this chapter, I focus on the second problem: peers. Developmental approaches to youth are particularly concerned with peer pressure because young people are imagined to be developing a range of competencies. As previously mentioned, the wrong influence or pressure from peers is thought to potentially stall a young person’s otherwise linear development, leaving them permanently immature and incompetent (Wyn & White, 1997). From this perspective, the role of drug education is to contribute towards the appropriate development of young people by helping to develop them as rational and independent entities, immune to negative social influence or peer pressure.

While peer pressure understandings of youth drug consumption have come to form a dominant narrative in drug research (see, for example, Bahr *et al.*, 2005; Crockett *et al.*, 2006; Dumas *et al.*, 2012; Jessor *et al.*, 2006; Kuntsche *et al.*, 2004; Studer *et al.*, 2014), some researchers have been questioning the concept for some time. Research into cigarette smoking has, for example, raised a series of critical questions about the peer pressure concept (Arnett, 2007; Denscombe, 2001; Lloyd & Lucas, 1998). For example, Arnett (2007) argues that peer pressure notions of smoking rely on the observation made in quantitative research that smokers tend to associate with other smokers, and that this association is assumed to be one of causation rather than merely of

correlation. Denscombe (2001) makes a very similar argument but takes it one step further. In reference to Lloyd and Lucas' (1998) discussion of the "contagion" model of smoking, Denscombe (2001) argues that peer pressure models conceptualise drug consumption, such as smoking, as a "behavioural disease". This behavioural disease is assumed to spread between individuals through an ill-defined process of peer pressure. Such an account is representative of a simplistic medicalised understanding of human practices that has little to say about peer group dynamics and drug consumption situations (Denscombe, 2001, pp. 9-10 citing Lloyd & Lucas, 1998). I take these criticisms further and argue that the approach also works to reinstate binaries of natural/unnatural bodies and authentic/inauthentic experiences and pleasures. The notion of drug consumption practices as diseases enacts an otherwise natural, innocent, uncorrupted and healthy and, therefore "good", body. The notion of a natural body implies that to desire a drug and the pleasures it offers is to desire an unnecessary and inauthentic experience. For example, the pleasures and enjoyment of food or exercise are required for "natural" functioning, whereas the pleasures of a drug are not. Instead, they are symptoms of a disease. Yet, even food (especially "junk food") and exercise are increasingly being understood not only as potentially problematic, but even addictive (Fraser, Moore & Keane, 2014). These different distinctions and their changes over time point to the political nature of conceptualising consumption practices as diseases. What is understood as natural or a disease, healthy or unhealthy, is intertwined with normative judgements about proper and improper bodies that can lack foundation in little but the unexamined morality of the day.

Peer pressure approaches have also been criticised for being unable to provide a sufficient account of the complexity of peer group relations (Arnett, 2007; Borlagdan *et al.*, 2010; Farrugia, 2015; Foster & Spencer, 2013; Mitchell & West, 1996; Pilkington, 2007a, 2007b). Early examples of this research argue that in many instances young people seek out peers who provide access to drugs, rather than being pressured into such use (Bauman & Ennett, 1996; Coggans & McKellar, 1994). Beyond this, Pilkington's (2007a; 2007b) research with young Russian drug users argues that for some participants invitations to consume drugs are routine enactments of friendship (*kompaniia*); in contrast, other participants felt the need to (at times violently) "protect" their friends from drug consumption (2007a; 2007b). Taking these heterogeneous dynamics into account, Pilkington (2007a) argues that:

It is important not to make any prior assumption that strong collective practices in relation to drug use necessarily constitute "peer pressure" to engage in drug use [...] The

friendship group is thus better understood as providing a set of reference points underpinned by bonds of emotionality and mutual accountability about acceptable and unacceptable drug use. (p. 222)

Thus, peer pressure frameworks discount the heterogeneity of young people's social lives. Attitudes to drugs will be part of the dynamics of many peer groups, but these will vary from abstention to acceptance according to different emergent cultural practices unique to the group and situation in question. Importantly, these practices are intertwined with complex affective relationships, emotions and mutual accountability, rather than being solely rational deliberations about drug risks such as was seen in the "decide" models of the previous chapter. Extending this argument, Pilkington (2007b) argues that youth "choices" about drug consumption shape, and are shaped by, affective experiences of trust. When the participants of her research did engage with "expert information" it was blended with "situated" knowledge developed in peer groups and "evaluated less in terms of its accuracy than by its affective, mutually binding quality. In the eyes of young people this makes such information more, rather than less, reliable" (p. 385) (see also Farrugia & Fraser, in press). Drug consumption decisions, then, are not seen to be purely individualised, step-by-step deliberative processes informed by "objective" knowledge of health risks, and the influence of peers is not simply that of mono-directional pressure. Instead drug consumption is a complex and distributed action, emerging from the time and space of the decision in which risk and trust are co-constituted within friendship groups. Foster and Spencer's (2013) more recent research with young marginalised drug consumers points to very similar dynamics. Explicitly speaking against simplistic accounts of unidirectional peer pressure, Foster and Spencer (2013) argue that drug consumption is often interwoven with affective relationships of intimacy and trust rather than part of a process of "pressure" (see also MacLean, 2016). For their participants, drug consumption "introduce[d] opportunities for intimacy that are otherwise difficult to attain at the individualistic and isolating margins of neoliberal cities, neighbourhoods, communities and institutions" (p. 224). Instead of considering the various structural and cultural specificities of young people's interactions, peer groups, affective relationships, and drug consumption practices, peer pressure frameworks rely on a normative narrative of socially vulnerable youth complying with the monolithic will of others.

This narrative of compliance and vulnerability also works to efface young people's potential desire for, and interest in, drugs. Youth drug consumption is solely understood as motivated by peer influence here, and this is conflated with peer pressure, thereby effacing any active desire on

the part of the young person (Clements & Ives, 1996; Coggans & McKellar, 1994). Enacting a deficit model of young drug consumers as weak, the notion of peer pressure reinscribes the assumption that in some way all drug consumption motivations are pathological (Coggans & McKellar, 1994), that young drugs users are uncontrolled, and that intervention is therefore justified (Blackman, 2004). Youth drug research has traditionally struggled to conceptualise young people's drug consumption beyond this "peer pressure" framework (Coggans & McKellar, 1994). Yet within these accounts and their articulation in drug education can be found a significant tension—the tension between the bad "pressure" encountered in some circles and activities and the good "influence" encountered in others. As I show, this is a tension flowing through both Australian social marketing campaigns and classroom drug education.

In the remainder of this chapter I assemble various enactments of young people's social relations in drug education, exploring the many similarities and tensions at work within and between the enactments of youth sociality in classroom drug education and social marketing resources. In order to fully explicate these different notions I mobilise social science research on young people's peer relations and drug consumption. As I argue, drug education relies on and reinforces very particular notions of youth social relations. These are:

- young people's social lives are dangerous and chaotic,
- young people apply pressure to their peers,
- young people are vulnerable to pressure from their peers,
- young people are protected by their peers, and
- young people's drug consumption is caused by peer pressure.

These understandings of the influence of young people on one another are integral to the general enactment of youth in drug education. As will become clear, they are inspired by unexamined notions of youth that position them as intrinsically lacking in social skills such as assertiveness, self-esteem and, as was argued in the previous chapter, appropriate knowledge of the norms of drug consumption and rationality generally. Drug education, then, is primarily concerned with providing young people with skills and knowledge they are imagined to lack.

Analysis: High-pressure hot seats—Youth sociality

The young future decision-maker enacted in Australian drug education must constantly negotiate and resist peer pressure. Peer pressure is here the defining element of her or his social life. According to drug education, while attempting to rationally list, analyse and decide, young people must also resist coercive pressure from other young people in their peer group. The presentation of problem scenarios similar to those analysed in the previous chapter is one way of communicating these understandings of peer pressure to students of drug education. The narratives of these scenarios invariably involve one young person attempting to convince (or pressure) an unwilling young person into drug consumption. In this way drug education enacts peer social relations as a key problem and cause of youth drug consumption. However, at times it appears that this social life is what young people risk losing if they continue to consume illicit drugs. It is from here that a tension between good “influence” and bad “pressure” begins to emerge. In order to fully explore this tension I first analyse some peer pressure scenarios aimed at teaching young people a general social skill of “resistance” and, most specifically for drug education, how to “resist” drugs. I then look closely at some alternative enactments of peers that position them as protectors of youthful innocence rather than sources of corruption. Finally, I continue my analysis of the system of rationality enacted in the “decide” models of the previous section through a discussion of commonly used “hot seat” scenarios in drug education. By focusing on peer pressure I begin the work of mapping another problematisation in this assemblage of youth—the social life of Australian drug education’s decision-maker in the making.

Peer pressured youth and the danger of friends

The peer pressure model relied upon in much youth drug research is readily mapped in Australian drug education, where it appears as the most common “motivation” behind youth drug consumption. A series of “fact sheets” released in 2011 as part of the National Drugs Campaign is a good example of this. As the “Avoiding situations” fact sheet warns, “peer pressure can [...] result in you doing stuff that may not fit with your sense of what is right and wrong [...] you may not feel like taking drugs on a night out, but be *pressured by friends*” (DHA, 2011) (emphasis added). This excerpt mirrors Durkin’s (1995) definition of peer pressure, and offers a hint of the tension that exists between notions of pressure and influence. Here “peer pressure” indicates a situation where friends convince a young person to do something she or he thinks is wrong or would not otherwise do. Yet if the friends were to convince the young person

to decide against drug consumption, this is unlikely to fit the negative classification of pressure. Instead it would be cast as good influence.

Many similar examples of peer pressure can be found in the classroom resources. The New South Wales Department of Education and Training's teaching resource, entitled *Cannabis: Know the risks!* (DET, 2001), presents the same peer pressure dynamic in an activity named "No thanks!":

Brad

Brad is really keen on Amanda. During a party Amanda and her friends invite Brad outside to smoke some marijuana. Brad has never tried it before and does not want to. He is afraid Amanda will not like him if he refuses.

Brad's response would be (p. 61)

The motivation and problem in this situation is again peer pressure, a problem that is meant to be solved by young people developing "assertive refusal skills" (2001, DET, p. 56). Although the scenario is scripted more as an invitation than as coercion, the title and learning goals of the activity suggest that peer pressure is again the problem and motivating force in this encounter. Returning to *In tune* (DEST, 2006), peer pressure appears again in a lesson entitled "Feeling OK about saying 'no'". Based on a series of scripted scenarios, the lesson's learning outcomes are the development of "refusal skills" and the ability to identify "coercion strategies" (p. 122). Scenario one is entitled "I've got some dope for you to try":

Who: Two friends

Person 1: Has never smoked cannabis and doesn't want to.

Person 2: Has smoked cannabis once with his/her brother and has brought some to smoke with Person 1.

Where: At the home of Person 1.

When: After school, one hour before Person 1's mum gets home from work.

What: Person 2 wants Person 1 to try smoking dope. (p. 124)

In this example, the only motivation for drug consumption is peer pressure. It is this notion of peer pressure that is constructed as a problem to be solved through the development of "refusal skills". Bacchi's (2009) argument that problematisations work to determine possible solutions

could not be clearer here. If the problem is peer pressure then the development of “refusal skills” is a reasonable harm reduction approach. Peer pressure is also implicit in many of the problem scenarios. Much like *Get ready’s* (DEECD, 2013) Steve from the previous chapter, Person 1’s motivation to participate in smoking cannabis stems directly from peer encouragement. This encouragement is equated with pressure and enacted as a problem to be identified and solved (Bacchi, 2009).

Analysed in the previous chapter on decision-making, *Positive choices* (NDARC, 2014) provides another example of the problem of peer pressure. This resource includes a booklet entitled “Illegal drugs: What you need to know. Student version”. Amongst information on population level rates of use, the legality of drugs, drugs’ dangers, and resuscitation and recovery positions, this booklet provides a range of “options” “you can take that will help deal with situations where you may be inclined or pressured to take drugs”:

- Option 1: avoid situations
- Option 2: make an excuse
- Option 3: walk away
- Option 4: be assertive
- Option 5: be a “broken record”. (p. 6)

Aside from the use of the term “inclined” in the introductory sentence, which could be interpreted as “desire”, each of these options enacts peer pressure as the motivation for youth drug consumption. Students are advised to avoid situations and certain social groups in which drugs may be available if they do not think they will be able to resist drug offers. Reminiscent of the “just say no” approaches of the past (Beck, 1998), students are also advised to simply “walk away” from drug consumption situations or use excuses, such as “I can’t take any tonight, I’m on medication”, in order to resist drug consumption. And assertiveness and being a “broken record”, equated to repeating the desire not to use drugs, again assume young people must resist peer pressure in order to stay safe. Given these observations, it appears that one of the “lessons” taught in drug education classes is that social groups are something to be avoided if one is to remain safe in a youth life-world. Importantly, like the decision models of the previous chapter, these activities focus exclusively on human agency. The role of a broader assemblage of bodies in shaping social relations and the affective climate so important in determining whether someone feels “pressured” or not, or whether an activity is safe or risky, do not appear. As shown in these

examples, such enactments of youth sociality have been consistent in Australian drug education for over a decade and remain powerful even in the very newest of resources. However, this is not always the case and, often, Australian drug education materials often suggest the opposite.

Peer pressured youth and friendship safety nets

Although peer pressure appears as the biggest risk factor in young people's lives, young people are also informed of the opposite; that not seeing enough of friends is unhealthy and indicative of a "drug problem". Several Australian social marketing campaigns list the loss of friendships and social alienation as a negative effect of consuming cannabis. A pamphlet released by the New South Wales Department of Health, entitled *Drug smart* (2006), is my first example. In a section concerned with "smoking pot", the following message appears: "Some people report that smoking pot regularly can lead to a lack of interest in other activities and losing touch with friends because you don't go out any more." This resource constructs friends and peer groups as indicative of a happy and healthy life. A similar message is presented again four years later in the following poster (Figure 2.1) from a past iteration of the National Drugs Campaign (2010):



Figure 2.1: Cannabis and social isolation (©BMF Advertising, 2010). Used with permission

Here, viewers are presented with a young man sitting alone in a drab lounge room. He is smoking a joint accompanied by a bong (that seems to require cleaning) and pizza boxes. In the reflection on the coffee table we see what we infer is the past. Prior to “wasting his relationships” through smoking cannabis, it appears the man had an active social life. In this

instance, his peer group operates as a sign of health and happiness. Again, much like the pamphlet above, this poster enacts friendship groups as a positive part of life, far from the dangerous peer pressuring forces that appear in other resources. This young man is also a clear example of an exemplary failed abject subject, someone young people must avoid at all costs if they are to develop into worthy neo-liberal adult subjects (Race, 2009).

Teaching resources also make similar claims. In *Making the link* (NCPIC, 2012), discussed in my analysis of decision-making in the previous chapter, students are presented with a scenario in which two young men named Joe and Lee are concerned about their friend Mitch. During a conversation, it transpires that Mitch has been smoking increasingly large amounts of cannabis as a result of family stress. The following excerpt details the problem (Figure 2.2):

Joe	Yeah... hey you missed an awesome party on the weekend too, everyone was asking where you were...	
Mitch	Yeah? (surprised) nah I just... just didn't... (pause) who was there?	Asking in a disinterested way
Lee	Everyone... all of Stu's mates and you know remember those girls we met at Kelly's party?	Joe indicating to Lee he needs to get lost.
Mitch	Sort of...	Disinterested
Lee	What's up with you lately? You guys are boring, see ya	Irritated Lee leaves
Mitch	See ya... (trailing off)	Clearly uncomfortable
Joe	Hey Mitch, are you ok? It's just that things have changed... you turn up to work stoned, never want to party anymore... never answer your phone...	
Mitch	Yeah I dunno know I just... I've been feeling a bit crap lately and just... haven't wanted to do much, you know what I mean? I just can't be stuffed...	
Joe	Yeah but something's changed, what's going on?	
Mitch	Well my brother moved out and Mum's on night duty all the time... when she's home all she does is freak out and get on my back about school.	Looking a little uncomfortable

Figure 2.2: Helping Mitch (NCPIC, 2012, p. 57)

In contrast to the peer pressure scenarios presented elsewhere, it is Mitch's lack of contact with peers through attendance at parties that is cause for concern. Instead of "keeping safe" by

staying home, Mitch's lack of interest in partying is a risk in itself, both a sign of, and a precondition for, a potentially growing drug problem. As I will explore in a later chapter on parties, in keeping with a generally singular account of youth sociality drug education tends to present parties as dangerous events defined according to the level of risk they pose. Yet, at other times a lack of interest in partying is defined as constitutive of a drug problem despite all the peer pressure that would occur at such events. Thus, within Australian drug education friends are often enacted as a source of trouble and causally linked to drug consumption, but they also appear as a protective factor and one of the things young people will lose by consuming drugs. This binary account of friends that pressure and friends that protect is unable to engage with the heterogeneous experiences of parties and friendship young people will have and their social relations in general (Pilkington, 2007a, 2007b). The point here is not to argue that friendship groups consist of either dangerous peer pressuring individuals or supportive caring ones. Rather, I wish to point to the complex and often contradictory enactment of young people's friendship groups, risks and protective resources and question whether territorialising friendships in these binary terms is likely to increase young people's agential capacity to establish safer drug consumption events.

If we look closely at these contradictions and complexities, particular notions of good or healthy friendships begin to emerge. Within Australian drug education, friends and peer groups that adhere to conventional notions of good health and demonstrate caution about, or preferably aversion to, drugs are considered good friends. These young people are a "good influence" on those around them. Other friends and peer groups who do not subscribe to these same views and practices, as indicated by their drug consumption, are bad friends. They exert pressure rather than influence on their peers; they are the "wrong crowd". Members of the wrong crowd are a threat to innocent young people who would otherwise have no interest in consuming drugs. This narrative completely fails to grasp the multiple ways friends can support each other. Young people who may consume drugs have the capacity to support their friends through the complexities and difficulties of life regardless of their own consumption practices. Foster and Spencer (2013) argue, for example, that for some of their young participants, shared drug consumption experiences, in this case cannabis use, allowed them to get into the same place and time as each other. Establishing these affective relationships created opportunities to speak about life problems, to "be there" for friends (p. 226). Instead of acknowledging capacities and friendship dynamics such as these, and despite the complex nature of friendships and peer relations, drug education enacts those friends as wholly defined by their drug consumption and

as the “wrong crowd”. In this sense Joe, who seems concerned about Mitch, would move from being the supportive friend to the wrong crowd were he to offer Mitch a beer to drink along with listening to Mitch’s familial troubles. In trying to protect young people from peer pressure, Australian drug education presents somewhat confused understandings of the role youth friendships play in experiences of safety or harm. A close look at these complexities makes clear that a particular normative and judgmental notion of friendship and peer influence is implicit in current drug education.

The hot seat: Friends and decision-making

The complex and contradictory notions of peer groups that appear in Australian drug education are further complicated by the forms they enact of decision-making under pressure. These resources often contain “hot seat” activities in which students attempt to model the effects of peer pressure on a structured decision-making process. One example of these activities can be found in the Victorian Department of Education and Training’s middle years (ages 13 to 16 years) harm reduction resource *Creating conversations: Talking about drug issues* (2002). The learning goal of this activity is an understanding of the difficulty of making decisions when being “pulled in different directions” and “the variety of thoughts common to young people in these situations” (p. 91). The activity runs in this way:

This activity is called The Hot Seat because it involves a volunteer from the audience being presented with a dilemma. While sitting in the “hot seat”, the person must try to put himself/herself in the shoes of the person in the dilemma. Two people from the Creating Conversations team will become the “for” and “against” thoughts of the person in the hot seat. The person sitting in the chair is allowed no thoughts of his or her own and must make a decision based on the arguments presented. Now, can we please have a volunteer to sit in the hot seat and could _____ and _____ take up their positions as the “for” and “against” thoughts. (p. 92)

Students and, in the case of *Creating conversations* (DET, 2002), parents are to participate in this activity by imagining they are involved in a variety of potential drug consumption situations. One scenario runs as follows:

You are an 18 year-old boy/girl. Many of the people you have recently met take ecstasy on a regular basis. You and your friend have been offered half a tablet each just to try it. Do you try it? (p. 97)

Much like the “decide” models discussed in the previous section, this activity imagines young people as assessing their actions according to a cost-benefit analysis or comparison of pros and cons. The immediate assemblage of bodies or space and time of the decision plays no part in this activity. The influence (pressure) of peers appears here to be the biggest risk factor and, outside of the decider themselves, the only significant agency shaping youth drug consumption. However, as seen in this example, peers are also enacted as a protective factor. The young person who provides the “against” arguments is understood to be protecting the hot seat occupant from the dangerous pressure of the person providing the “for” arguments. This binary dynamic appears more explicitly in other resources too.

Eight years later another hot seat activity appears in the Victorian Department of Health’s resource, *Is your high getting you low?* (2010). Developed for years 9 and 10 (ages 15 & 16 years), this resource focuses on the potential effects of cannabis consumption on mental health. Although very similar to the activity described above, this version of the hot seat is structured along clearer values lines. Based on a video in which drug consumption scenarios appear, the activity runs as follows:

Decider: imagine you are the character in the video, *Should I? Shouldn’t I?* You are trying to decide whether you should try using cannabis with your friends.

Convincer: imagine you are a friend who is using cannabis.

You want your friend to try it as well. Think of reasons to convince him/her to try cannabis with you.

Protector: imagine you want to protect your friend from trying cannabis. You do not want your friend to try using cannabis.

Think of reasons to convince him/her not to try cannabis. (p. 14)

Unlike the activity discussed in *Creating conversations* (DET, 2002), this hot seat activity takes a clear moral stand on the role the peers play in the decision-making process. The labels “convincer” and “protector” clearly work to position those who persuade the young person against using drugs as heroic. The notion of protection also enacts a pure untainted youth to be protected. Using the label protector suggests that by convincing the “decider” not to consume, no influence (pressure) is being exerted. Reflecting a common assumption found in concepts of peer pressure, this activity assumes that the decider does not have a personal interest in drug consumption and that, without undue pressure, could safely travel along the path to adulthood drug free. Also evident in this activity is the questionable binary of bad pressure and good influence noted earlier. The tension between good influence and bad pressure is very definite, as are notions of natural/unnatural implicit in the need to protect and thus not influence an innocent youth. Although this overt moral stance differentiates the two activities over time, the process of decision-making and system of rationality they enact are unchanged.

Four years after the release of *Is your high getting you low?* (Victorian Department of Health, 2010), *Climate schools* (NDARC, 2014) relies on a similar activity. This resource, already discussed in the previous chapter, includes an activity entitled “Reasons why people use/don’t use cannabis” aimed at developing refusal strategies. The activity first requires students to list “reasons people use” and “reasons people don’t use” cannabis. Following this, students are asked to participate in a role play.

Step 2: Role Plays

As a group decide on two people to take the role of people who do or don’t want to use cannabis.

The rest of the group will take on roles of people who use cannabis.

The people who do use cannabis must confront the people who don’t want to use and gently try and get them to try it.

The people who do not want to use cannabis have to come up with:

1. Ways they can avoid using cannabis.

2. Things they could say if someone offered them cannabis and they didn't want it.
(2014)

Unlike the other hot seat scenarios, this activity consists of only two kinds of people: those who consume cannabis and those who do not, there is no “decider”. Much like the hot seat scenarios, however, this role play defines youth sociality and decision-making according to explicit and implicit acts of coercion or peer pressure. The “gentle” coercion is unique to this example. Rather than blatantly attempt pressure, the “convincer” instead, and potentially more insidiously, gently tries to convince others to consume cannabis. Again it is young people’s social relationships that appear to be the problem in this activity. Although this activity does not use the same labels as *Is your high getting you low?* (Victorian Department of Health, 2010) a later activity entitled “How do I help a friend who is using cannabis?” betrays similar notions of good and bad friends. This activity provides young people with a range of advice on how to approach a friend whose cannabis consumption concerns them. Students are provided with various different strategies including: “express your concern”, “use a caring tone of voice”, “express positives (good things) about your friend”, “focus on why using cannabis is not productive” (Victorian Department of Health, 2014). The advice itself is fairly banal (although all premised on the idea that consuming cannabis is intrinsically a problem), although the term “not productive” is a strong and potentially judgmental statement to make to a friend. The enactment of the protector here is crucial. Although this activity does not use the precise term, it enacts young people who attempt to limit or stop their friends’ cannabis consumption as their protectors, as did the previous example. These are the peers who, unlike the bad convincers, ensure other young people complete their linear development into adults. Further, not attempting to limit or stop a friend’s cannabis consumption is to be complacent and thus almost as bad as those who explicitly pressure their peers or the convincers themselves. It seems that this quite recent resource mirrors, rather than improves upon, the understandings of decision-making, peer pressure/peer influence already discussed.

In sum, Australian drug education enacts peer pressure as the motivation for and social influence as the motivation against young people’s drug consumption. Importantly, these narratives of peer pressure are saturated with gendered assumptions and moralities. This specific aspect will be explored in detail in a later chapter on gender. For now I want to look closely at the concept as a whole. The hot seat activities, peer pressure scenarios and “fact sheets” all imagine that if negative peer pressure could be replaced by positive influence or “support”, young people would

correctly complete decision-making processes and rationally avoid drugs. Working from the assumptions of developmental notions of youth, these models enact friendships as the greatest risk factor in young people's lives. At the same time, friendships are also enacted as a protection against drugs, something to be lost through drug consumption, and something without which the young person must be unwell or struggling. The process of social influence in this somewhat confused approach to peer relations is singular. Social influence is presented as a unidirectional force in which a powerful individual coerces a weak individual into certain actions. In this process the pressuring individual is the villain whilst the weak innocent potential consumer is the victim. As most clearly evident in the hot seat scenario of *Is your high getting you low?* (Victorian Department of Health, 2010), one goal of drug education is to preserve and protect naturally innocent young people from the scourge of the "wrong crowd". Through this process an opposite "right crowd" emerges; these are the young people who embody all the properties of the healthy citizen. By adhering to normative understandings of health, the right crowd are the positive influence to counter negative peer pressure. The underlying premise of these distinctions is that to live according to the values of health and respectability defined by drug education is the result of naturally good, moral and rational decisions. If, however, a young person does not live according to these values, this is understood to stem from a series of failed decision processes and unwholesome social relations and peers. Thus, to live any way other than that prescribed by drug education is to live not only unethically but unnaturally. Following social influence theory, young people simply need to be provided with the right resources to support their independence and to resist the peer pressure of the shadowy convincer. As is made clear in Brad's interaction with Amanda in *Cannabis: Know the risks!* (New South Wales Department of Education & Training, 2001, p. 61) and Steve's experience in the basement (discussed in the previous chapter) in *Get ready* (DEECD, 2013, p.14), drug education enacts the mere presence of drugs as indicative of, or the substance of, peer pressure. In these accounts, young people's social lives and relationships are not places in which subjectivity is built and from which it emerges, but rather they are risk-laden networks that are unmanageable without predefined scripts of behaviour. Even on the rare occasions that understandably curious young people appear, they meet unhappy ends and are thus punished for their drug consumption. Rather than presenting nuanced accounts of youth drug consumption motivations, experiences and their associated becomings, drug education enacts all drug consumption motivations as signs of pathology and adverse pressure. Complicated and messy interactions between young people are understood through binaries of villain/victim, rational/irrational and peer pressure/good influence. The

effects of these understandings of young people and social influence on drug education are my next concern.

Troubling binaries of peer pressure

Earlier in this chapter I asked whether binary enactments of youth sociality as consisting of either negative peer pressure or positive social influence were likely to increase young people's harm-reducing agential capacity. Much of the rest of this chapter is concerned with this question. For the moment, however, it is essential that I briefly return to some of the general arguments Deleuze and Guattari make about the importance of moving beyond all binary enactments of bodies, or the importance of escaping the "dualistic machines" (Marrati, 2006, p. 321), that permeate drug education and much social science research. As discussed in the theoretical chapter, for Deleuze and Guattari (1994), concepts do not merely represent reality but rather enact it: concepts and material realities are co-constitutive phenomena. Through their enactment of bodies as becoming phenomena shaped by the assemblages of which they form a part, Deleuze and Guattari hoped to emphasise the heterogeneity of life (Deleuze, 2001); that is, they hoped to unlock some of the unlimited virtual potentialities they theorised as flowing through the plane of immanence. Accordingly, the problem of binary enactments such as man/woman, or for the current context, peer pressure/good influence, is not only that they are simplistic but that they have the potential to actually limit the possible affects, becomings or capacities of the bodies they purport to "describe". Binary identities, then, are understood to limit the body's power for acting by regulating and reducing the encounters a body may legitimately experience (Duff, 2014a). Binary enactments attempt to pin bodies against a dominant wall of signification, thus limiting the sensible and the possible (Deleuze & Parnet, 1987). They attempt to reduce the sensitivities of young bodies, what they can affect and what they can be affected by. For Deleuze and Guattari (1987) this is an unethical task in that ethical assessments are made according to judgements of positive or negative becomings that either increase potential or decrease it. Therefore, to judge bodies and potential relations as intrinsically problematic, as does the concept of peer pressure, regardless of the assemblage and associated becomings, is to unethically limit the potential of life. However, as I now discuss, the very design of much drug education, relying as it does on peer pressure concepts, highlights the limits of such binary enactments.

The most obvious difficulty for drug education in managing these binaries can be found in much of its design. As is often recommended (DEST, 2004; Midford *et al.*, 2002), many of these drug

education documents are designed for peer educators or leaders to use to communicate health messages (see, for example, *Creating conversations: Talking about drug issues* (DET, 2002) & *In tune: Students participating in drug education* (DEST, 2006). This is based on the idea that young people will be better convinced if health messages are delivered by their peers. However, the consistent use of peer pressure scenarios to enact youth social groups raises important questions of this approach. Was it not peer influence on vulnerable young people that caused drug consumption to begin with? Unless it is delivering scripted education messages, and therefore playing the role of protectors, drug education relies on the source of the problem, or the convincers, to solve it. In this way, drug education materials often use peers to inoculate young people against the influence of their peers. This tension emphasises the way that binary constructs such as peer pressure/good influence attempt to, as Deleuze might put it, territorialise young people's social lives and drug experiences. That is, binary constructs work to limit what a young body can do and promote a return to conventional or normative bodily becomings. In this instance, these resources attempt to territorialise young bodies into normative social relations and conservative, or at least conventional, health practices. As emphasised by Pilkington (2007a, 2007b), Foster and Spencer (2013) and MacLean (2016), young people's social groups are complex and heterogeneous. Peer groups' power relationships, norms about drug consumption and health, and even their understandings of what it means to be a friend, will vary depending on social location and different groups within those locations. In its reliance on rigid binary notions of healthy/unhealthy and natural/unnatural (to name only two), however, drug education is unable to engage with this complexity. Instead of considering the varied nature of young people's drug access, desires and motivations, drug education enacts a narrow stereotype, the naturally innocent young person whose drug consumption can only be understood through externalising accusatory notions such as peer pressure. If drugs are understood as artificial chemical compounds that threaten the natural development of the intrinsically pure young body then they can only be understood in negative terms. Despite the well-documented pleasures and social bonds that can emerge in youth consumption (Farrugia, 2015; MacLean, 2016; Niland *et al.*, 2013), all social relations that include drugs can also only be understood in negative terms. A central, and very simple, point here is that *not* all youth drug consumption is motivated by peer pressure, and many young people actively seek out peers who make access to drugs available (Arnett, 2007; Coggans & McKellar, 1994; Denscombe, 2001; Mitchell & West, 1996; Pilkington, 2007a, 2007b). Moving beyond rigid binaries is one way of allowing more complex and relevant enactments of young people and their sociality to emerge.

Escaping binaries through youthful becomings

Deleuze and Guattari's (1987) concept of becoming offers one productive direction for beginning a move away from binary notions of youth social relations. Thinking of all phenomena, including young people and drugs, as existing in a process of becoming within assemblages allows us to move away from rigid notions of natural/unnatural, authentic/inauthentic or even self/other. The body sheds its usual association with a stable identity. Instead, "bodies [can be seen as] forever assembled anew as novel objects, affects and forces are folded within them, just as others are lost to the assemblage as its relations unfold" (Duff, 2014a, p. 2). This conceptualises the drug and the young body as emergent and relational becomings. Unique assemblages of drugs and unique assemblages of bodies emerge together. It is the constitution of the drug, the consumer and their friends (consuming or otherwise), along with a range of other bodies, that work to shape the experiences or becomings made more or less likely by a particular drug assemblage. Here, rather than conceptualising drug consumption as an external contaminant corrupting the pure youthful body, we can see it as the meeting of one body (drug) with another (youthful body), each of which is always already made up of multiple forces, energies and intensities, and both of which have little stability over time (Keane, 2005a). The lines of becoming that emerge out of the engagement of these two bodies—a drug experience—could then be assessed according to Deleuze's (1988) immanent ethics (as outlined in my theoretical chapter). This would mean a focus on the agentic capacities and flows of becoming of *assemblages as a whole*. Such an approach shifts attention away from the natural or unnatural practices of individual young people to instead consider the becomings and limitations of emergent bodies. Integral to a practical enactment of these ethics is an acceptance that assemblages that at times limit certain bodily becomings are not always experienced as negative (see, for example, McLeod, 2014; Michael & Rosengarten, 2012). Interactions between friends that are currently understood exclusively through the notion of peer pressure can be reformulated too. Rather than simplistic examples of peer pressure, these drug invitations could be understood as flows of becoming and desire unique to the assemblage of which they form a part. These are invitations, sometimes desired and sometimes not, to share an experience, emerging from the assemblage that enacts them. Thinking of bodies and drug invitations this way means that power (coercive or otherwise) is immanent to the bodies in their assemblage (Duff, 2014b). This is important because specific enactments of friendships in particular assemblages and time-spaces vary in the positive or negative becomings they make available. By no longer assuming a naturally innocent youthful body that needs protection, drug education can

avoid freezing these assessments into rigid moral codes of behaviour that may have very little relevance to young people's lived experiences.

Contemporary research already points to the need for more nuanced accounts of social drug consumption experiences. Consider, for example, MacLean's (2016) research, which I touched on earlier in this chapter. She argues that young people work to constitute friendships through drinking events. Her young participants often spoke of demonstrating trust by looking after heavily intoxicated friends and of the desire to share affective and corporeal sensations collectively. Affective relationships of trust, intimacy and care were established in the shared drinking becomings of these young people. These complex social dynamics led MacLean (2016) to argue that drinking practices are not simplistically spread through processes of influence, as current drug education asserts, rather youth drinking should be understood as "part of a broader social process; the contemporary constitution of friendship, which occurs through the continuous enactment of culturally—and historically—specific friendship-making practices" (p. 102). As such, simplistic accounts of peer pressure not only fail to relate to the target audience but can also work to delegitimise the local experiences, knowledges and identities of young people who consume drugs. Elsewhere (Farrugia & Fraser, *in press*), I have explored another unforeseen consequence of this process in an analysis of young men's scepticism of health promotion messages and drug education. Drawing on Race's (2009) notion of a "counterpublic health", Fraser and I argue that by relying on commonsense, unexamined normative assumptions about drug consumers, as peer pressure models do, health promotion and drug education works to constitute a sceptical health "counterpublic". That is, by failing to engage with and value local knowledge, drug education can constitute a sceptical public whose scepticism of the information about the dangers of drugs contained in drug education is, in part, constituted by health promotion messages and drug education reliance on rigid and singular truths. My research on young men's MDMA consumption (Farrugia, 2015) is also informative for this discussion. Contrasting my analysis with the notion of peer pressure, I argue for the utility of a concept of "play" in conjunction with Deleuze & Guattari's (1987) affective assemblages. I suggest that the young men in my research can be understood to be playing with the immanent affective possibilities and becomings made available during MDMA consumption. Rather than simply pressuring each other into consumption, these young men are seen to be assembling complex events in which certain becomings are made possible. Approaching their consumption in this way establishes an opportunity for an ethical assessment of the kinds of becomings (positive and negative) that emerge out of these events that is sensitive to their immanent pleasures and risks.

This is a sensitivity that is not possible when drug consumption is understood through rigid binaries of peer pressure. These studies clearly highlight the need for complex accounts of drug consumption experiences, not merely territorialised according to binary understandings of social influence/peer pressure.

In moving beyond these binary distinctions, drug education will be freer to present increasingly flexible materials that are more responsive to the lived experiences of young people. This does not mean that power dynamics (such as those rather poorly captured by the expression “peer pressure”) would be ignored, but that such processes and motivations would not constitute the only group dynamics and drug consumption scenarios enacted in drug education. Rather than attempting to convince young people to become immune to the affects of those around them unless they are embodying a very narrow health message, drug education could encourage young people to see themselves as active in their becomings. Like the Deleuzian approach to decision-making I described on pages 112-116, drug education could encourage young people to develop an increased sensitivity to their becomings with their peers, who both encourage and discourage drug consumption, and their shared experiences of, among many other things, drugs. Young people can be made aware of the ways that by assembling social events, including those in which drug consumption occurs, certain bodies are enacted or made more likely. This would necessarily require a focus on the plethora of different human and non-human bodies assembled in each event. The ethical question would be “what kinds of experiences and bodies are we enacting together?” Are these bodies with increased agential capacities? Are they bodies experiencing pleasure and fun? The answers to these questions can again be framed by Deleuze’s immanent ethics. Young people can be encouraged to enact bodies and assemble experiences ethically, that is, experiences that increase their power for acting in ways that open up new positive experiences and novel relations. Such an approach would necessarily require some acknowledgment that what is currently singularly framed as “pressure” are far more complex social processes that at times function to facilitate inclusion and friendship (Borlagden *et al.*, 2010; Farrugia, 2015; Foster & Spencer, 2013; Pilkington 2007a; MacLean, 2016). From this perspective, young people are not simply in need of protection or training in dispassionate deliberation and resistance but instead need to be supported to become attuned to the different becomings and affects made available by their coagulation with the bodies around them. Young people can be supported to be sensitive and aware of the kinds of worlds and realities they assemble and enact in their relations with their peers. Importantly, without acknowledging such possibilities, it is highly

unlikely that drug education will be able to attend to the dynamics of young people's social relations.

Conclusion

In this chapter I have mapped a second defining feature of the assemblage of youth in Australian drug education—the concept of peer pressure. In the first chapter I argued that drug education enacts a future rational decision-maker that must list, analyse and finally decide to abstain from drugs. Here I add to this by analysing the social situations or problem scenarios understood to frame these processes. Peer pressure is enacted as a central problem faced by young people when attempting to rationally decide about potential drug consumption and being trained to resist it is an appropriate solution (Bacchi, 2009). Peer groups either play the role of protectors who stop youth drug consumption and maintain youthful innocence, or convincers who corrupt young people by exerting negative pressure on them. This binary opposition is limited in several ways. Firstly, it is unable to account for the heterogeneity and complexity of young people's social lives and the role of drug consumption within it. Secondly, it betrays an inconsistent and generally confused attitude towards youth sociality. If drug education is to begin to play a productive and positive role in the lives of young people it must move beyond these limited and unconvincing narratives of peer pressure and protection.

In using the concept of peer pressure and enacting drug consumption as a social activity, drug education contrasts with much other health promotion. A lack of consideration of the social nature of much drug consumption has been identified as a significant limitation of (related) hepatitis C prevention education (Fraser *et al.*, 2013). This is not to say that the stereotype of the socially isolated drug user is completely absent here. The man who has “wasted his relationships” in the *Marijuana: What a waste* (BMF Advertising, 2010) poster is one striking example of the use of this stereotype in drug prevention messages.

Yet, in some of the school-based resources friendships, which at other times are used to indicate a healthy life, are identified as the problem. A paradox is evident here. Within these resources, attending parties and spending time with friends invite dangerous peer pressure situations. These are situations where angelic good friends will have to band together and protect each other from the pressure of bad individuals. Yet not attending these dangerous parties and spending too much time alone is also a bad sign: one has fallen prey to drugs and lost valuable supports and quality of life. This binary of bad pressure/good influence exposes an extreme simplification and

polarisation at the core of contemporary public health attitudes to young people's sociality and pleasure and the place of drug consumption in it. Drugs are enacted as agents that will force young people to lose the good influence of the protectors and make them vulnerable to the pressure of the convincers. Such accounts make drug education unable to pay sufficient attention to the complexity of young people's social lives and drug consumption assemblages. Although overt power relations similar to peer pressure may be relevant for some drug experiences, they are not relevant for all. As we will see later in this thesis, drug education already makes some gendered decisions about when to mobilise peer pressure explanations. Australian drug education takes a useful step forward by acknowledging the inherently social nature of much drug consumption. However, by taking a moral stance via the assumptions it makes about natural/unnatural experiences and good/bad friends, it is unable to provide sufficiently flexible enactments of youth drug consumption. These inflexible binaries enact young drug consuming bodies as weak for acceding to pressure and arguably stigmatise them for their drug consumption practices. By stigmatising young drug-consuming bodies in this way, drug education works to limit the capacities of these young people to practice the very self-regulation it demands of them (Farrugia, 2014). Rather than acknowledging the multiple capacities of young people, drug education asserts that there is no going back once the wrong decision has been made. This works to efface the almost endless series of possible ways of living, while consuming drugs or otherwise, that young people can achieve. Thus, drug education territorialises young bodies as the very abject subjects it has demanded they avoid becoming.

As I argued in the previous chapter on decision-making, rather than only governing at a distance via "soft" forms of surveillance, these resources also function through exemplary power (Race, 2009). Exemplary power explicitly enacts certain subjectivities as abject and relies on constructing particular consumption practices as bad examples. These resources operate in the same way in that they provide a comprehensive list of the various ways young people can ruin themselves and stray from an imagined linear developmental path from childhood to adulthood. Young bodies are provided with a series of abject subjectivities to which an idealised neo-liberal youth would say "no". As will be explored in some detail in the chapter on gender, normative notions of femininity and masculinity are integral to these enactments of abjection. Stemming from dominant psychological development paradigms of youth that conceptualise it as an inherently problematic life stage between the more stable times of childhood and adulthood (Ayman-Nolley & Taira, 2000; Gabriel, 2013; Wyn & White, 1997; Wyn & Woodman, 2006), the approach taken by these resources and their associated goals conceptualises young people in

terms of lack. The focus therefore becomes providing young people with what they “lack”: rationality (developed through the decision-making model); social skills (developed through hot seat scenarios); and autonomy (developed through the highlighting of peer pressure).

While these resources actively constitute good and bad ways of doing youth, they also constitute other assemblages. For example, the reliance on a binary model of youth/adulthood also, of course, acts to constitute a second element, the adult (Wyn & White, 1997). Uncertainty is key here. To territorialise the youthful body as capable of so little without support is to implicitly produce the adult body as the achievement of complete autonomous personhood, a stable and enduring state (Gabriel, 2013). In this sense it appears the at times messy, risky and complicated life of being an adult is effaced and instead a reified, somewhat all-knowing, mature figure emerges. Parents also emerge in this fantasy. Parents are the keepers and protectors of youthful innocence and health, and must also guard the world from unruly youthful behaviour. Within this model the life stage of adulthood is the time of “real” and worthwhile experience. Everything prior to this is merely preparation for future (real) life (Lesko, 2001; Wyn & White, 1997). These notions are widespread in youth research and service provision, yet they introduce another important paradox in the area of drug consumption. If the in-between stage of youth is one of inauthentic experience (an accusation so often made of drug experiences generally), it seems to make sense that experimental pleasure-seeking activities, such as drug consumption, occur at this time. As has been argued by Wyn and White (1997), to continue to work within a model of youth that emphasises it as a passing stage devalues the experiences of young people. What I want add to this argument, however, is the way that, somewhat ironically, such a model partly justifies the “wayward” practice of drug consumption the education measures aim to discredit.

The adult/youth binary is only one of several binaries at work in these documents. Others such as healthy/unhealthy, villain/victim, rational/irrational, peer pressure/good influence, and natural/unnatural all operate in different ways. These rigid and static binary understandings attempt to assemble bodies according to recognisable patterns and normative moralities and assumptions. Further, such binaries are unable to engage with affect and emotion, desire, and the complexity of social relations. They attempt to territorialise the becomings of young bodies and limit what a youthful body can do. It is important to emphasise one last time here that these limitations and problems are inherent to formal classroom drug education *and* health promotion more generally. School drug education explicitly teaches that young neo-liberal subjects who

adhere to normative health practices are desirable, while those that do not are weak and abject. If school drug education and health promotion were instead to enact young bodies as forever becoming, ontologically implicated with their surroundings and especially other young bodies, a more effective and ethical notion of youth would be produced. This would be a youthful body that is no longer assumed to travel a pre-defined normative path of development, from which any deviation is considered to be not only dangerous but, when it comes to drug consumption, enacted as the result of failed rational decision-making and peer pressure. Instead a young body whose capacities and sensitivities to the world are constantly proliferating would emerge. This is a process in which young people are “actively becoming with—while simultaneously transforming the identity, constitution and form of—objects, places, bodies and spaces” (Curti & Moreno, 2010, p. 416). In this sense, young people’s relationships, experiences and affective potential emerge from assemblages of human and non-human bodies, the ethics of which cannot be judged according to rigid moral codes and assumptions of pressure and a failure of rationality.

In its engagement with two politically controversial topics—youth and drugs—drug education resources could emphasise the active role of young people in assembling drug consumption events, both those that are broadly positive and those that are dangerous and negative. Although drug education is politically constrained in what it can actually “condone”, it is not such a large step for it to begin to include multiple narratives of drug consumption motivations. Using the notion of becoming in drug education can raise the potentially contingent effects of different drugs depending on the assemblage from which their effects emerge. This would necessarily need to include a consideration of the interest and motivation of all the people attending the event. Such accounts could focus on the potentially negative experiences that can flow from unwanted drug consumption without simplifying the social experiences of young people. These resources could also acknowledge that invitations to consume drugs, and shared consumption experiences, are often positive experiences that enact friendship, intimacy and care (Borlagdan *et al.*, 2010; Farrugia, 2015; Fraser, 2013; Hunt & Evans, 2008; Pilkington, 2007a; 2007b). Working from this perspective, drug education could emphasise the role of desire, pleasure, affect and the modulating agential capacities that emerge from drug consumption assemblages (Bunton & Coveney, 2011; Green & Moore, 2009; MacLean, 2005, 2008). Such a shift could also provide more nuanced accounts of power, including the politics of gender (see Chapter 7). These new emphases are essential because the current reliance of drug education on binaries that enact young people’s social relations as simple and static, and individuals who consume drugs as weak

with limited agential capacity, works to co-produce the very developmentally stalled bodies that, on the surface, drug education seeks to avoid.

Chapter 6: Locating pressure and decision-making

In this chapter I continue my analysis of the assemblage of youth in Australian drug education by attending to the constitution of the places or settings that young people are thought to occupy. This is a discussion of the places in which drug education imagines young decision-makers to be making decisions and pressuring each other into consuming drugs. Thus, I am mapping the third problematisation in this assemblage of youth and one that is particularly important, as it is the primary attempt in drug education to cover the influence of the broader social structures and influences beyond peer pressure in drug experiences. As with decision-making, peer pressure and gender, space and time will appear again as co-constituted forces in my final chapter on parties. In order to scrutinise the achievements and failures of drug education's current model of drug consumption environments, I first discuss the ontology of "setting". Currently, drug education understands the place and time of drug consumption as an interacting factor in a model of drug, set and setting (Zinberg, 1984). This is a model that understands drug experiences to stem from the interaction of three anterior elements: drugs, set (individual psychological makeup) and settings. In this section I discuss Zinberg's (1984) original model before moving on to map the specific enactment of the concept in drug education. Due to the model's reliance on two other key concepts, set and drug, I briefly discuss the conceptualisation of drugs and sets (young people) in these documents. This establishes two of the basic concepts understood to be influenced by and to influence settings. In order to provide a full account of the specific enactment of this model I discuss a key figure in these resources: what I have dubbed the "drug experience triangle". This chapter ends with an examination of what the drug experience triangle makes present and absent. By way of an alternative I propose that drug education should begin to use the figure of the assemblage rather than one of setting when enacting where and when drug consumption occurs.

As discussed in Chapter 1, social scientists have long been concerned with the environments in which drug consumption is understood to occur. In that chapter I reviewed contemporary debates about how to conceptualise drug consumption environments and the roles they play in drug experiences and practices. For the purposes of this chapter I now return to the main elements of this discussion, focusing first on "contexts" followed by a discussion of "spaces". From here I move on to briefly touch on the notion of "settings" and finally "assemblages". This

discussion proposes that the enactment of various social, geographic and cultural factors in specific ways is a political move which works to foreground certain concerns while relegating others to the background. Ultimately, each body of work I review here highlights the political nature of research (Mol & Law, 2002). Each approach to the place and time of consumption enacts certain bodies or forces that make up drug assemblages for analysis. By choosing different forces, such as political and economic structures, affective atmospheres, spatial arrangements and so on, researchers assemble the space and time of consumption and thus open and close particular possibilities for intervention. My review is therefore not concerned with which approach is “true” but, perhaps more humbly, with the potential for action made available by each.

The notion of context is the first concept I discuss in my analysis. The term “context” is itself complex in that it flags different levels of analysis. The local situations and relationships that define a person’s immediate life, broader community and society, and the global contexts that people and communities are embedded within, are all potentially captured by the notion of context (Agar, 2003). Taking this complexity into account, the social sciences generally work with a notion of context that is predominantly defined as the background of human action that partly determines different people’s experiences of health and wellbeing. The political economy perspective is one particularly influential approach that works with this notion of context. Political economic drug research foregrounds the way economic and political institutions produce and reproduce social and economic conditions that shape inequalities in health and unequal access to health services (Bourgois, 2003; Rhodes, 2009). This notion of context foregrounds structural relations and broad societal arrangements that shape consumption practices and the harms that consumers may experience. Researchers within this paradigm have effectively analysed the political, cultural and economic conditions that work to maintain the structural inequalities that expose certain populations to harm (see, for example, Bourgois, 1998, 2003; Nasir & Rosenthal, 2009; Wolfe, 2007). Accordingly, much of this work has shown the processes through which inequalities, intertwined with socio-economic status, ethnicity or race, and other social categories, are reproduced in certain contexts of consumption. As argued by Duff (2011), a critical feature of research that conceptualises context in this way is the contention that social contexts exert a structural force upon individuals (factors such as class, race and gender are often cited) and, thus, it is important for researchers to look closely at the specific ways these factors act in particular contexts (see also Rhodes, 2009). Significantly, using this concept of context enacts political and social structures as the central problem in drug

consumption rather than the individual or the drug. It is therefore, political and economic structures that are most in need of intervention here, and structural change is the solution (Bacchi, 2009).

Research into contexts of consumption has at times been criticised for being unable to provide compelling accounts of the specific ways contextual forces act in specific events of consumption (for a discussion of this point specifically in relation to drug consumption, see Duff, 2011).

Others have argued that such approaches underplay individual agency and assume people are passive in their relations with structural forces in their lives (Fitzgerald, 2009). Researchers making such arguments often turn to performative and relational ontologies and methodologies such as ANT and Deleuzian assemblages as a way forward from these perceived problems; this research will be reviewed shortly. Although these criticisms of context are part of productive epistemological debates, it is important to remember that all researchers make political choices about the worlds, and therefore potential interventions, they work to make possible. It seems that rather than being unable to understand the *specificity* of the force of context in drug consumption or the role of individual agency, research on context, including political economy research, foregrounds certain bodies and backgrounds others. Detailed ethnographic work such as that of Bourgois (1998; 2003), for example, does provide an account of the specific ways political and economic structures can shape drug consumption practices and the constraint and enhancement of agency in context. Bourgois (1998) explores in depth the role of micro-contexts of intense poverty in shaping drug consumption practices, enacting gift-giving economies, and reducing agential capacity to follow individualistic harm reduction advice for homeless heroin users in a San Francisco makeshift camp in the United States. Other research—often working with Bourdieu's (1977) notion of “habitus”, such as Bourgois (2007) and more recently Briggs (2013) and Brierley-Jones *et al.* (2014)—explores the processes through which social environments produce embodied dispositions relating to practices, habits and relationships. It is argued that these practices, and the structures they are shaped by, are reproduced, often unconsciously, through everyday individual action. Consumption spaces and their associated risks, then, are made through routine and mundane actions at a local level (Rhodes, 2009). Thus, in this research, the local action of context is analysed, as is the co-constitution of practice and social class understood as habitus. Structuralist accounts of this process have tended to emphasise social reproduction, a perspective which understands drug consumption as simply determined by structural relations. Post-structuralist accounts, on the other hand, tend to focus on how class, gender, ethnicity and other structural arrangements are lived through, and thus, re-

enacted, in consumption practices (Rhodes, 2009). Therefore, research on context enacts social structures as powerful yet fluid actors that need intervention to reduce drug-related harm and inequality generally. What is not accounted for, however, and is something that more recent research analyses very closely, is the actual assembling of space and time and the co-constitution of people and substances (drugs). As will be argued shortly, recent performative and post-human engagements with the place and time of consumption foreground fully mediated assemblages of drugs, people and places. Not only does context constitute practices, then, and not only are social and economic structures constructed and thus open to change, but the very materiality of people, drugs and places are co-constitutive becoming bodies. Importantly, both structuralist and post-structuralist accounts of the places or contexts of consumption are political enactments that foreground certain “problems” and background others.

In discussing “space” rather than context, the slippage between the two becomes evident. Space suggests a concern with the physical environment of consumption (see, for example, Duff, 2008; Malins *et al.*, 2006; Vitellone, 2010). However, as noted above, context can also be used to denote a concern with immediate environments. Whilst acknowledging this slippage between concepts, it is possible to observe that research on space tends to focus more on the immediate environment of drug consumption and less on the broader social context integral to political-economic research. Duff’s (2008) research into the relationship between space, pleasure and “party drugs” is one example of such a focus. Duff (2008) argues for the importance of analysing drug consumption spaces to develop better understandings of embodied experiences of illicit drugs such as ecstasy. Importantly, spaces tend not to be conceptualised here as a background for action in the way context suggests. Much work concerned with space argues for a performative understanding of space. That is, space is not the background of practice but rather produces and is produced by practices. Some researchers have also argued that a discussion of space necessarily requires a discussion of time. For example, Fraser (2006) argues for an account of space that does not analyse space and time as separate entities but instead as intertwined phenomena. Working from this theoretical position, Fraser (2006) argues that the spatial-temporal phenomenon of a queue at a methadone maintenance treatment clinic works to constitute the very behaviours and attitudes that are often understood to be *a priori* attributes of clients (p. 201). These accounts, then, assemble particular concerns and make certain actions or solutions possible. In this research the materiality of the immediate space and time of consumption is enacted as fluid and open to change. Spatial and temporal arrangements, as well as the way spaces shape what drugs “do”, are enacted as primary concerns. Although slippage is

evident, research concerned with space, and sometimes time, rather than context tends to foreground immediate environments, and the subjects they work to enact, rather than macro political structures.

A significant portion of this chapter is concerned with the notion of drug consumption settings. Due to the importance of this concept for an analysis of drug education, I treat it at some length when I commence the data analysis. For now it is enough to say that the notion of setting enacted in drug education understands the environment of drug consumption as anterior to consumers and drugs. Also, settings are conceptualised as stable “places” that people can either choose to enter or not. Unlike the political-economic literature that emphasises somewhat unavoidable macro political structures, these settings are understood to be easily avoided. In contrast to the concepts of space discussed above, settings are stable and ontologically discrete places that practices occur *within*. Thus, the notion of setting in drug education does not consider the ways that individual dispositions and practices work to re-enact or mediate broader social structures. Nor does it engage with the co-constitution and mediated nature of drugs, people and places. As I will argue, the notion of setting often ascribes agency exclusively to people and drugs and ignores the ways that local environments and political structures act. This is of special importance if we take into account Rhodes’ (2002, 2009) influential formulation of the “risk environment”. Rhodes argues that harm reduction initiatives must look at “the social situations in which harm is produced and reduced” (Rhodes, 2002, p. 88). That is, attempting to identify the interaction of factors which come to increase or reduce the chances of drug-related harm. Ontologically the risk environment enacts situations as made up of a series of anterior factors. Clearly highlighting the political nature of claims about setting or environment, the risk environment perspective argues that the way these factors together constitute harm or safety should be the primary focus of harm reduction initiatives. One implication of the risk environment approach is an understanding of risk as a product of webs of interconnected social, cultural, economic and geographic factors. Drugs or people themselves, then, are not intrinsically risky. Thus, opportunities for intervention may focus on the physical, social, economic, or policy environment, at times, divided into the domains of micro, meso and macro in which risk is increased or decreased (Rhodes *et al.*, 2005).

I have so far argued that there is significant overlap between these different concepts of context, space and setting. I have also argued that each concept has political implications in that certain factors are foregrounded in each while others are not. Much of the difference between the

concepts of context or space is a matter of scale. At which point or from what perspective do we start to assemble our primary agencies or bodies of consequence when we conceptualise where, when and with whom drug consumption occurs? And what are the effects of these choices? It is with these questions in mind that I will begin my argument for a replacement of the notions of context, space, or setting with that of assemblage.

A growing body of alcohol and other drug research has begun to reconsider the contexts and spaces of consumption through a range of performative or relational ontologies. Of increasing influence are ANT-inspired formulations of networks or events. Putting ANT to work, researchers have argued the places or environments of consumption should be understood as mediating networks of human and non-human forces, the particular associations of which produce the drug consumption network or event (Dilkes-Frayne, 2014; Duff, 2011, 2013, 2014a, 2014b). As already touched on, other researchers have worked with Barad's (1998, 2003, 2007) "agential realism" to examine the coalescing of temporality and spatiality in the production of the subjects of methadone maintenance treatment (Fraser, 2006), and corporeal experiences of drugs and agency (Poulsen, 2015) and to rework notions of addiction and drugs as social, cultural and political categories with material effects (Fraser & Moore, 2011a). Deleuzian concepts have also proven influential for researchers in this field (see, for example, Böhling, 2014; Duff, 2014a, 2014b, 2015; Farrugia, 2015; Fitzgerald, 1998, 2015; Malins *et al.*, 2006; Potts, 2004). Continuing a trend seen in much contemporary drug research working with these concepts, including my own, researchers often emphasise the importance of the ontological inseparability of all the agencies that together assemble notions of space and context. This is an important distinction between research using assemblages and political economic analysis of contexts. An assemblage account of the place and time of consumption enacts the objects and substances of the event, such as the drug itself, not as stable but as becoming. Political economic research focuses on the structural enactment of context and harm and the relationship between these structures and human practice. The concept of habitus has proven to be one particularly influential approach to studying these relations. In such accounts the objects and substances remain anterior elements that are brought *into* the specific time and space, that is, objects and substances are enacted as preceding their relations. In this way political economic analysis maintains remnants of a positivist reality. An assemblage approach is able to give a more nuanced account of the variability and fluidity of drug effects and does not assume essentialised drug effects, as the substance is conceptualised according to what it can do rather than what it "is" in itself. Of course, in a Deleuzian approach what a substance can do flows out of its particular

assembling. Thinking of consumption as an assemblage or network reformulates *all* bodies within space and the space and time as specific and emergent. If we take the assemblage as the basic unit of analysis, as Deleuze and Parnet (1987) argue we should, more than the context, space, place or environment of consumption is reworked; all other bodies are also reformulated as assemblages. Practices too can be thought of as assemblages. According to Law (2011), a practice is a particular assembling of relations that works to enact certain realities. From this perspective, drug consumption (or any other practice for that matter) does not occur “within” a space or place. Rather the drug, the individual and the consumption practice enact each other. How we conceptualise this process in research, or most importantly for my project, in drug education, is again a matter of scale and politics (Mol & Law, 2002). An assemblage analysis can be made of the relationships between macro-structural concerns such as drug policies and economic systems. An assemblage analysis can also be made of the drug itself. Such an account would look at the co-constitution of a drug with other emergent assemblages such as people and settings. Thus, an account of setting understood as an assembling of relations does not necessarily result in a focus on the immediate environment of consumption, as is emphasised in research on spaces. Instead the concept can be used to analyse drug consumption at different scales. Importantly, in an assemblage approach, harm should be understood as a property of the assemblage rather than any one contributing body such as the drug (Duff, 2014b). This allocation of harm is another political question. As I go on to argue in a later chapter, a series of choices made in drug education enact certain modes of sociality (parties) and certain young people (young women who attend parties) as constitutive of harm. In doing so, certain relations are assembled to enact a politically specific account of drug-related harms. In this process, other relations that could be considered harmful are relegated to the background. This points to a political process in which some phenomena are problematised while others are naturalised.

The use of the assemblage argues for an account of context not as a rigid set of broad structural factors (for example, class, race and gender) nor solely narrow local conditions understood to predate the drug consumption. Instead, context is understood to be a temporal and spatial, emergent and performative coming together of bodies, practices, discourses, harms, pleasures and affects immanent to the specific assemblage. Space is reformulated in a similar way. In an assemblage approach, space is a flowing set of relations, the boundaries of which are constantly being revised or reassembled as the assemblage changes form or, in other words, continues to become. Social context, then, is articulated through a process of assembling that enacts localised form (space and time), function and motility (Currier, 2003). In this sense, the drug and the set

of Zinberg's (1984) drug, set and setting are also themselves assemblages. What a person and a drug can do emerges out of a unique and specific assemblage of bodies and affects. Thus, drug, set and setting are not separate entities but particular assemblages. They are assemblings of the bodies that together make them possible. Every force making up an assemblage only becomes operational within the assemblage and is constituted by its relations with other assembled forces. In this way nothing comes first and there is no transcendent structure (Currier, 2003). Thus, any account of the relationship between contexts and spaces and drug consumption necessarily simplifies the phenomena in question. As will become evident, however, one of the great benefits of thinking with assemblages is that, in our constitution of certain practices and problems, it allows us to attend to more concerns at once than traditional concepts have allowed for (Fraser, Moore & Keane, 2014). This will necessarily include concerns that are currently taken for granted or ignored in the enactment of youth drug consumption in drug education.

To sum up, I am now able to distil four insights from the extensive body of work reviewed above which are productive for the analysis to follow:

- drug assemblages are dynamic phenomena that emerge from a particular and unique intermingling of human and non-human bodies which enact drugs, people and places;
- drug assemblages are not the background of practice but rather produce and are produced by consumption, research and education practices;
- drug assemblages are made up of bodies that are immanent to them. Bodies are an effect of assemblages; and
- assemblages allow us to attend to a range of concerns that traditional concepts of settings, contexts and spaces have been unable to grasp.

The large and diverse body of work reviewed here strongly indicates the importance of an analysis of the relations that co-constitute the time and place of drug consumption, as well as the consumer and the drug themselves, for developing harm reduction initiatives. Harm reduction drug education is one route through which young people are expected to learn about and reduce drug-related harms. Exactly how we conceptualise the notion of a setting, or what settings “do”, and the realities of drugs and people that these concepts enact, is an essential part of any analysis of drug education. Until we understand more clearly the mutually constitutive character of drugs, subjects and other factors usually collapsed into the a priori category of setting or context, we

will be unable to fully grasp the emergence of harm, the most effective ways to reduce or preclude it, and the role drug education can play in this task.

Here I look especially carefully at the social problems enacted in these documents and assess the ethics of the kinds of “solutions” they make possible (Bacchi, 2009). Thus, the analysis maps another assemblage, this time of setting, of special significance to the way drug education assembles youth and their drug consumption. To inform this analysis I mobilise a body of research that questions some of the key assumptions of traditional notions of setting and context. Using this scholarship I detail the specific enactments of setting in these documents and propose alternatives. As I argue, drug education works to establish very particular notions of setting or the time and place of drug consumption. These are that the notion of setting:

- proposes that consumption settings are best understood through a triangular model that also includes drug effects and people, which together create drug experiences;
- takes for granted an ontological distinction between settings, people and drugs, treating them as singular entities; and
- tends to assume all consumption settings are intrinsically more dangerous for young women.

These understandings of drug consumption settings directly shape the enactment of young people and youth sociality in drug education. They work to constitute very particular understandings of the young people assumed to populate them as well as the drugs they are understood to be consuming.

Analysis: Negotiating the interplay of drug, set and setting

I begin my analysis of the use of the concept of setting with a close reading of Zinberg’s (1984) argument. This allows me to describe the ontological account of the relationship between the three entities cited in it. This is an essential task because, as I show, Zinberg’s (1984) model explicitly and implicitly forms the conceptual basis of drug consumption environments in these documents. Following this, I turn specifically to the education documents. I first provide a brief overview of the enactment of drugs in drug education. This is followed by a review of the way drug education enacts young people, or the set. From here I move on to examine the specific enactment of Zinberg’s (1984) model in Australian drug education through a discussion of the notion of the drug experience triangle. In doing so I highlight the many assumptions about

young people, drugs, sociality and risk in these resources that may result in drug education contributing to, rather than reducing, harm.

Historically the focus on setting is a significant development that pushes beyond previous education pedagogy that characterises drugs as inherently evil and drug consumers as morally bankrupt (for a history of the development of drug education pedagogy in Australia, see Midford 2000, 2010; for the United States, see Beck, 1998 and Tupper, 2014). Influential notions of the immorality of drugs, those who consume, and those that encourage or “trick” others to consume, have been firmly entrenched for some time, especially in the United States. These understandings of drug consumption have always been shaped by race, class and gender. For example, women’s drug consumption has been considered especially bad, and racialised others have been represented as tricking young, white women into consuming drugs and “unlocking primitive urges” (N. Campbell, 2000). In acknowledging the importance of forces beyond the drug and the individual, many drug education resources use Zinberg’s (1984) model of drug, set and setting. In Zinberg’s account, an exclusive focus on the drug or the individual is insufficient for understanding drug consumption experiences and practices. Instead, Zinberg argued that drug experiences are defined by the interplay of three separate but equally important elements: drugs, sets and settings.

Zinberg’s (1984) model is arguably the most influential account of the role of context or setting for understanding drug consumption practices and experiences. The explicit use of his model in Australian drug education is only one example of the influence of this text. In drug research, Zinberg’s model has been used for a range of purposes, including studies of “functional” methamphetamine use (Lende *et al.*, 2007), negative experiences of ecstasy (McElrath & McEvoy, 2002) and heroin consumption patterns (Harris *et al.*, 2012) (to date it has 1430 Google Scholar citations). The use of Zinberg’s model in Australian drug education suggests that its influence stretches far beyond academia and has reached a very diverse audience. Although the exact role that contexts, settings and spaces play in drug consumption practices and experiences remains under considerable debate (Duff, 2011, 2013; Race, 2014), it seems that most social scientists at least accept the importance of forces beyond the pharmacological properties of a drug and the individual person. What researchers have been debating for some time is exactly how much agency and what kind we should ascribe to all the phenomena making up an immediate social situation in which drug consumption occurs and the broader macro political structures and cultural norms that frame this consumption (Agar, 2003; Duff, 2007, 2011, 2013; Moore, 1993).

Zinberg's (1984) drug, set, and setting is one early attempt at answering these questions and in doing so attempts to account for both the broad context and local space of drug consumption.

Building on decades of research, including widely cited research with returning Vietnam War veterans (Zinberg, 1972), Zinberg argues that drug use and addiction cannot be adequately understood without an account of the social settings in which they occur. One inspiration for this argument stemmed from Robins' (see, for example, 1973) influential observation that the majority of US soldiers who consumed heroin whilst serving in Vietnam readily discontinued their use upon returning home or changing setting (Zinberg, 1984, p. xi). How did they give up this supposedly highly addictive drug so easily? Working from his observations, Zinberg became interested in the way settings can support what he termed "controlled drug use" (1984). For Zinberg the missing piece of the puzzle was the influence of setting in determining controlled or uncontrolled drug consumption patterns. Zinberg (1984) explains his model as follows:

I contended, first, that in order to understand what impels someone to use an illicit drug and how that drug affects the user, three determinants must be considered: drug (the pharmacological action of the substance itself), set (the attitude of the person at the time of use, including his [sic] personality structure), and setting (the influence of the physical and social setting within which the use occurs) [...] Of these three determinants, setting had received the least attention and recognition. (p. 5)

In this model, often represented as a triangle, the positive/negative or safe/unsafe nature of drug experiences and practices is determined by a particular mixture of these three ingredients. The pharmacological properties of a drug (drug), mixed with an individual's psychological makeup (set) and the physical and social environment (setting), determine the particular character of any drug consumption practice and experience. It is these same elements that determine whether someone will be compelled to consume drugs to begin with and whether they would do so again.

The argument that drug consumption practices are not purely determined by (immoral) individuals and (corrupting or lethal) pharmacological entities is the most significant contribution Zinberg's model makes to drug education. As he goes on to argue, setting must be given primacy in our analyses of drug consumption because "the development of sanctions and rituals [...] brings the use of illicit drugs under control" (Zinberg, 1984, p. 5). For Zinberg, drug harms (primarily uncontrolled use), are understood to stem from particular social settings rather than

from the drug or the individual alone. As does Rhodes' (2002) later risk environments model, Zinberg's model establishes an opportunity to develop harm reduction interventions that target environments or settings of drug consumption rather than individuals alone. By emphasising setting and positioning drug consumption as a social and cultural practice, Zinberg also hoped to move beyond individualised and pathologising notions of drug consumption "personality disorders" (1984, pp. 7-8). However, as I will clarify (and as was discussed in detail in the previous chapters on decision-making and peer pressure), drug education documents do not take this opportunity, instead targeting individual young people for intervention, and positioning those that do consume drugs as lacking in strength, will power and character.

Another important element of drug, set, and setting is the opening it allows for examining the social construction of drug consumption and drug users. When Zinberg discusses social settings he is careful to specify that he means both the immediate physical environment and broader beliefs, values and rules about drug consumption stemming from the society as a whole *and* the particular social groups partaking in drug consumption (Moore, 1993). This focus on sanctions and rituals attempts to account for the heterogeneity of drug consumption practices and experiences of pleasure and harm (other, more recent examples, include Böhling, 2014; Dilkes-Frayne, 2014; Duff, 2008; Fraser & Moore, 2011a; Rhodes, 2009). This model also suggests that the effects of drugs themselves, addiction being of primary importance for Zinberg, vary depending on the setting of consumption. Although Zinberg points towards diversity of drug experiences and their relationship with broader social settings and issues, his ontological assumptions predate the work on space, phenomena and assemblages I draw on in this chapter. For Zinberg (1984) drugs, set and settings are stable entities that interact with each other but are not qualitatively changed by this interaction; for Zinberg, there are no assemblages. These entities are understood to precede their interaction; they do not emerge in it. Much contemporary literature has built on Zinberg's (1984) early insights in more recent accounts of the role of context or setting in drug consumption. However, one significant step taken in contemporary literature is to move away from Zinberg's positivist ontology.

Inspired by relational and post-human ontologies such as ANT's "networks", Barad's agential realism and Deleuze and Guattari's assemblages, contemporary qualitative drug research continues to focus on the place or setting of consumption but reformulates the relationship between drugs, sets and settings as one of co-constitution. Such an account enacts drugs, set and settings not as separate ingredients but as emergent relational assemblages. The implications of

such a move for drug education will be explored later. For now I analyse specific enactments of drug, set and setting in Australian drug education, before moving on to discuss more contemporary accounts of the role of contexts and settings.

Drug: Listing effects

This chapter is primarily concerned with the enactment of setting in Australian drug education. However, because Zinberg's (1984) model conceptualises drug consumption settings in relation to the individual and the drug itself, I begin by providing a brief account of both the drug and the person as they appear in drug education. The drug of drug, set and setting is my current concern. This is a particularly important focus as understandings of the action of drugs or their effects are thoroughly implicated with understandings of context. That is, conceptualisations of how contexts are thought to shape and be shaped by drug consumption practices reflect assumptions about the ontology of both drugs and contexts. Drug education documents consistently provide young people with lists of "drug effects". These lists are one of the key ways drug education teaches young people about what drugs "do" and what they may find themselves doing "on" drugs. In this way, the resources present drugs as having stable, predictable effects based on their chemistry. My first example of a list of drug effects comes from the teaching resource entitled *Cannabis: Know the risks!* (New South Wales Department of Education and Training, 2001) analysed in the previous chapter on peer pressure. In a section entitled "Background information about cannabis" (intended to "enable teachers to provide accurate and up-to-date" information to students) a list of cannabis effects appears. It begins with a question:

What are the immediate and short-term effects of cannabis use?

- Feeling relaxed
- Loss of inhibitions
- Increased appetite
- Altered perceptions
- Reduced motor skills
- Reduced thinking and memory
- Heart and blood pressure problems (p. 13)

In listing these phenomena and experiences as “effects of cannabis use”, *Cannabis: Know the risks!* (2001) enacts a singular substance with predictable, reliable effects. A similar list appears in another resource discussed in the previous section on decision-making, *Get ready* (DEECD, 2013), this time describing MDMA:

If MDMA is used, some of the following effects can occur:

- feel more energetic or confident
- feel happy and close to others
- be more aware of sensations like colour and sound
- faster heart beat and higher blood pressure
- increased body temperature and sweating
- teeth gringing [sic]
- jaw clenching
- feel sick (nausea) and vomiting
- feel anxious, panicky or paranoid (like everyone’s out to get you).

Using a large amount of MDMA may cause:

- hallucinations or a floating feeling
- strange behaviour
- fits
- high body temperature
- extreme dehydration or heat stroke from over-activity
- over-hydration from too much water
- in extreme cases, death.

OTHER EFFECTS...

Using MDMA can affect many areas of a person’s life. It can also affect the lives of their family and friends. This includes difficulties with lifestyle, finances, relationships, work, school, legal issues, and mental health. It can have effects on pregnancy and increase the risk of accidents.

For example, MDMA is often called the ‘love drug’ because it can produce feelings of peacefulness, increased confidence and a feeling of closeness. The other side of this coin is that some people may make decisions about sex that they would not usually make. *They might have sex with people they normally would not have sex with, be more likely to have unsafe sex* and run the risk of unwanted pregnancy or becoming infected with sexually transmitted infections. (p. 18, emphasis added)

Unlike the list of cannabis effects in *Cannabis: Know the risks!* (DET, 2001), this list of MDMA effects points to some unpredictability, using the word “can” to describe the occurrence of particular experiences. However, the list makes a difference set of assumptions, going on to propose a causal relationship between a range of very complex experiences, dangers or difficulties and MDMA consumption. For example, the idea that MDMA causes “lifestyle” difficulties effaces the multitude of other elements that come together in a young person’s life to result in life difficulties. Also, the idea that MDMA *causes* regrettable or unsafe sex also works to efface the vast array of actors that come together in an act of sex. I will return to the implicit gender dynamics of this notion of drug effects and sex in my next chapter on gender. At this stage it is not necessary to dwell on the intricacies of these lists. Instead, I want to use them to show how drug education enacts the drug (and in fact two different drugs that would traditionally be understood as “doing” very different things) in the drug, set and setting model as a singular, stable and discrete object that plays a causal and relatively predictable role in young people’s drug consumption experiences and lives more generally.

Set: The young drug consumer

Throughout this research I explore the ways Australian drug education assembles a very specific notion of youth. I have already offered an explicit exploration of this theme through my analysis of decision-making and rationality, and peer pressure and sociality. However, the use of set in the enactment of the place and time of consumption in drug education leads me to briefly revisit the notion of youth I have been identifying in drug education. As I have argued, the young person appearing in drug education is enacted as a rational neo-liberal subject in the making. Through the use of sequential list-analyse-decide decision-making models, young people are expected to make purely rational decisions in every situation. These same young people face consistent and unavoidable peer pressure that pushes them to partake in unsavoury activities such as consuming illicit drugs. I noted, but will go on to argue in much more detail, that these young people are also explicitly enacted according to normative expectations of femininity and masculinity. Young men partake in violent risk-taking practices and young women face moral dilemmas of sexual regret, ruined reputations and inappropriate desire. As will become clearer as this chapter progresses, these same enactments of young people appear in drug education’s account of drug settings. Indeed they are the tools through which youth is imagined as the [mind]set element of drug experiences and practices.

Setting: The drug experience triangle

In drawing on Zinberg's (1984) model, Australian classroom drug education resources predominantly use the visual metaphor of a triangle. This visual metaphor, which I have dubbed the drug experience triangle, has been used in Australian classroom drug education for over a decade. During this time the model has varied in subtle ways. Some resources use the drug experience triangle in attempts to define the "risks" associated with drug consumption. Other resources use the triangle to speak of the "consequences" of drug consumption. In more recent examples the triangle is used to speak more generally of "drug experiences" and in this way could be considered more faithful to the original text. As will become evident, I also discussed a very similar triangular model in a new enactment of decision-making found in the resource *Cannabis and consequences II* (NCPIC, 2014) in Chapter 4. Although the drug, set and setting account also appears in social marketing resources, the representation of it as a triangle does not. However, the same three ingredients appear there in discussions of health and short-term effects of certain licit and illicit drugs. Notwithstanding this distinction, social marketing and classroom resources enact very similar models of the role of setting in drug consumption experiences and practices. My first example of the drug experience triangle appears in *Drug education R-12 teacher support package: Senior years* (Department of Training and Employment, South Australia (DTESA), 1999). Introduced in Chapter 4, this resource presents a series of activities for students in school years 10–12 (ages 16 to 18 years). In a lesson entitled "Caught in the triangle", teachers are given the following instructions:

Discuss with students that most of the *adult* population use alcohol safely. High-risk use of alcohol usually occurs as a result of a combination of factors. Display and discuss the overhead. (p. 29, original emphasis)

After this discussion students are obliged to develop drinking situations they understand to be "realistic" and risky. Each situation requires "one user factor, one drug factor and one setting factor" (p. 29). Students must propose a risk corresponding to each one of these categories. The overhead mentioned presents this particular version of the drug experience triangle (Figure 3.1).

Drug use triangle

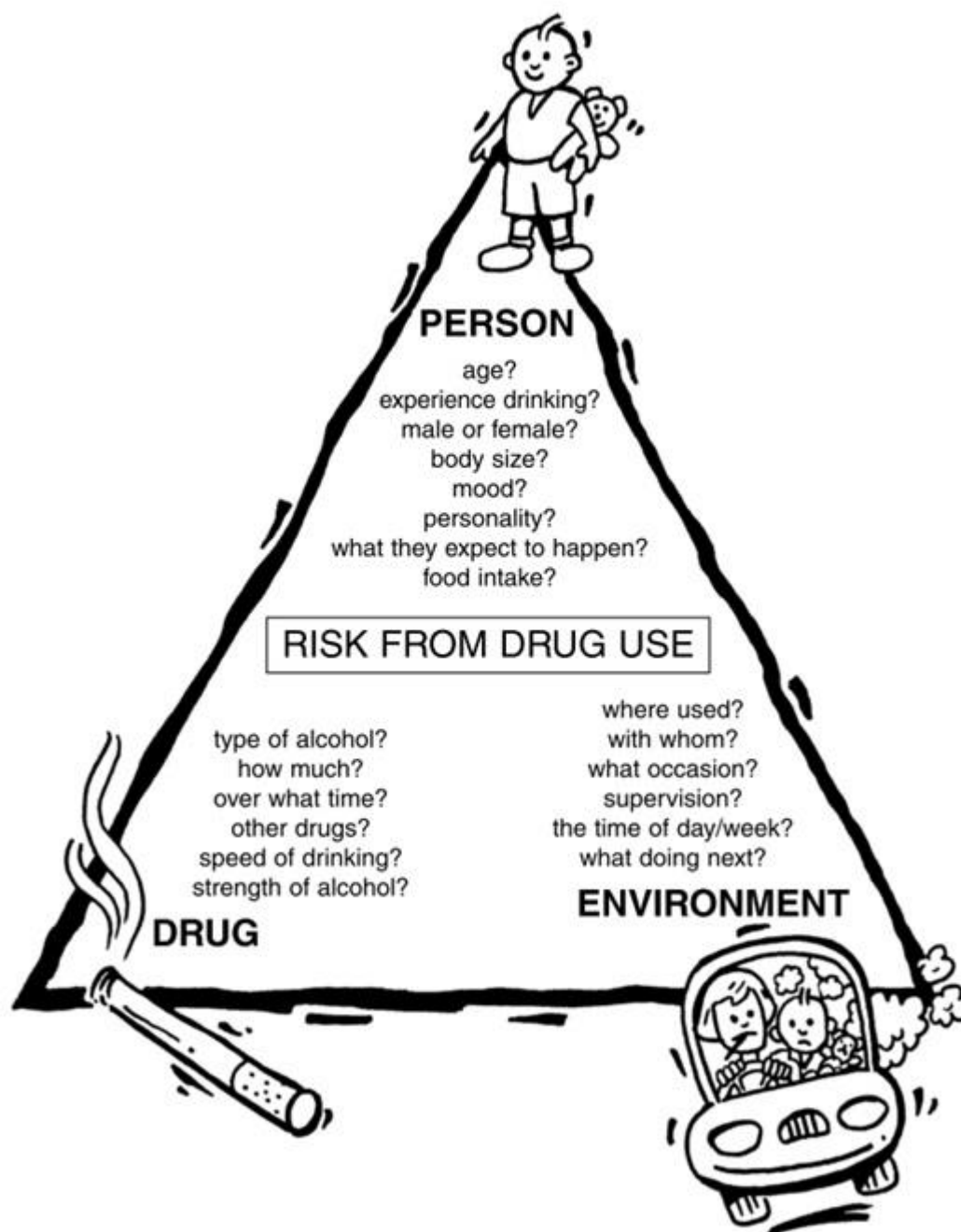


Figure 3.1: Drug use triangle (DTESA, 1999)

Up to this point all the education material discussed in this thesis has concerned illicit drugs. I should specify here that despite the triangle's use of cigarettes and smoking imagery, the "Caught in a triangle" activity is concerned with the risks of drinking alcohol. These are both widely

available licit drugs, an important distinction as many of the risks of licit and illicit drugs are partly determined by their legal status. However, the resource also offers variations on the activity that a teacher may prefer. These include replacing alcohol with different licit and illicit drugs to explore the risks unique to each. This flexibility suggests that the drug experience triangle forms the basic ontology of the role of settings in drug consumption experiences and, more specifically for this resource, risks. The title “Caught in a triangle” is an important element of this activity that I want to draw attention to. This somewhat confusing title’s use of the term “caught” suggests the young person is trapped between these three distinct elements. The use of this term suggests further that if young people intentionally consume alcohol or other drugs then they are placing themselves in an inherently risky situation and sacrificing their agency to a range of risky interacting variables. The young person is potentially sacrificing the ability to list, analyse and decide. Further to this, the term “caught” suggests a negative experience. This implies that, in contradiction to the model, which could be used to explain positive drug experiences in the same way as negative ones, drug experiences are intrinsically negative.

A very similar enactment of the drug experience triangle appears seven years later in another resource I have already examined. *In tune* (DEST, 2006) presents an activity entitled “The danger continuum”. The purpose of this activity is to “alert students to the key factors that moderate or intensify the dangers associated with drug use” (p. 117). Reflecting the title of the lesson, the first activity requires students to place a series of different drugs, such as paracetamol, cannabis, heroin, ecstasy and “ADHD medication”, on a “continuum” in order from “most harmful to least harmful” (p. 117). Students are then obliged to discuss the criteria they used to determine the position of each drug on the continuum. Following this discussion students are given a series of drug-related scenarios very similar to those discussed in the previous chapters. One example scenario is presented as follows (p. 118):

	Drug	Person	Place
Scenario 1	2 bottles of sub-zero [pre-mixed alcoholic drink]	Male, 13 years old, first time user	At a friend’s house where others are also drinking, parents are at home

After analysing the scenario students are given a version of the drug experience triangle. The triangle is provided with the intention that students use it to explain the key factors of the drug

consumption scenarios. This particular enactment of the drug experience triangle is shown in Figure 3.2.

Consequences of Drug Use

the drug + the person + the place

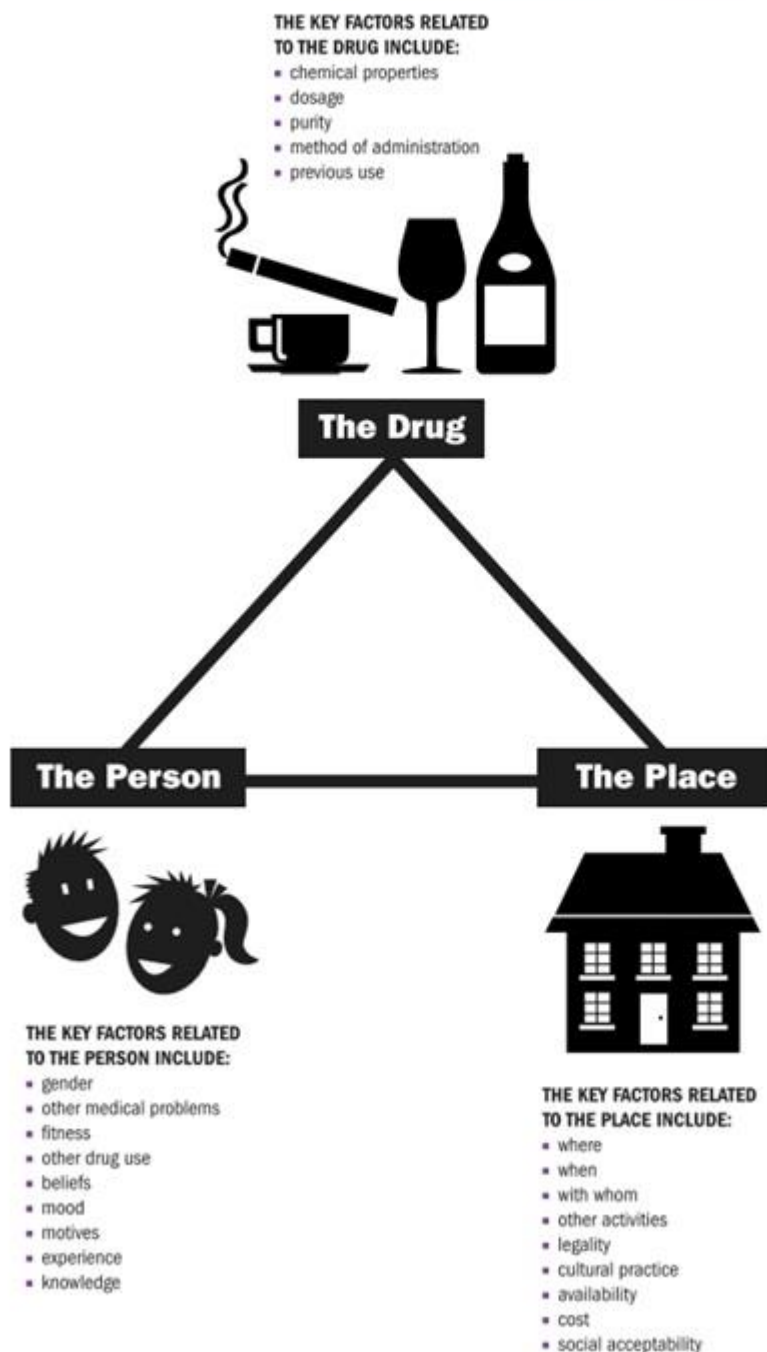


Figure 3.2: Consequences of drug use (DEST, 2006, p. 119)

As with the first activity discussed, I want to draw attention to the title of this activity (The danger continuum) and its particular version of the drug experience triangle. In a similar fashion to the “Caught in the triangle” activity, “The danger continuum” enacts drug experiences as

inherently dangerous. In fact, drug experiences are wholly *defined* here by the degree of danger to which they expose the young person. Other potential experiences or consequences made available through drug consumption by a particular person in a particular setting (or in this instance, place) are not mentioned. In the same way that the “decide” models define decision-making and drug consumption through an analysis of risk and danger, these versions of the drug experience triangle efface the multitude of other effects and experiences (especially pleasure) that may emerge through drug consumption. Also interesting is the use of the term “consequences” here, suggesting a direct result or effect of one thing upon another. It is most commonly used when discussing something unpleasant or unwelcome caused by something else. For example, we less often hear that “as a consequence (“result” might be the more usual term) of all her hard work and study she was accepted to study engineering at her chosen university”. This again works to enact drug consumption experiences as inherently dangerous and irrational with serious (most likely negative) “consequences”. In this discussion of consequences, the same three distinct elements, drug, set and setting, appear. Finally, it is worth briefly mentioning that unlike the “Caught in the triangle” activity, which places the person at the top, this drug experience triangle place the drug at the top of the model. In this way, both triangles emphasise people and drugs over environments and places.

Returning to two other resources discussed in previous chapters, *Choices: Alcohol and other drugs* (Government of Western Australia, 2009) and *Get ready* (DEECD, 2013), we find further examples of the drug experience triangle (with the drug emphasised at the top of the models) such as the “It depends” activity included in the Western Australian government’s resource, *Choices* (2009, p. 152). In this activity students are first presented with a version of the drug experience triangle (Figure 3.3).

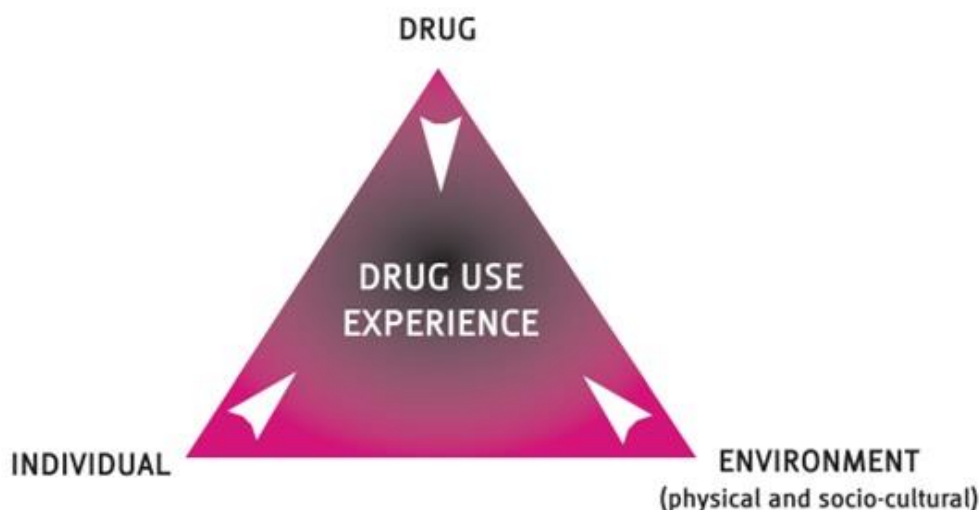


Figure 3.3: Interaction model (Government of Western Australia, 2009)

In contrast to the other resources discussed in this chapter, *Choices* (2009) explicitly references Zinberg (1984) and provides some discussion of the concept and its implications. For example, the teaching notes for this activity state:

The model can be used to explain both the subjective drug using experience as well as drug taking behaviour, and *emphasises the importance of environmental factors* (i.e. culture, price, availability, role models and legality). Previous models emphasised the drug or the individual factors in explaining drug use experience and behaviour and the *environmental factors were overlooked*. (p. 151, emphasis added)

By gesturing towards “previous models” this resource provides some historical context for Zinberg’s concept and draws out some of the implications of a focus upon the setting or environment of drug consumption. Although this information is provided directly to teachers rather than built into the activity itself, the first part of the corresponding activity is an explanation of this model and teachers can choose to provide the same detail as seen in the teaching notes. In this instance *Choices* (2009) attempts to provide a more reasoned and nuanced understanding of the social context of drug consumption. The second part of the “It depends” activity requires students to first organise “individuals”, “environments” and “drugs” into scenarios very similar to the example provided from *In tune* (DEST, 2006). Some of the individuals are: “20 year old male uni [sic] student”, “14 year old female at her first mixed party” and “teenage girl upset about splitting up with her boyfriend”. The environments include: “at a family get together”, “with strangers” and “celebrating after winning the grand final”. Some of

the drugs are: “3 dexies (Dexamphetamine) that have not been prescribed”, “4 cans of full strength beer after taking 2 cold and flu tablets” and “a magic mushroom omelette” (pp. 154–156). After organising these different elements, students take one element and swap it with the same element in a different group (for example swapping “with strangers” for “at a family get together”). The point of this activity is to “explore how changing one factor may change the alcohol or other drug experience and therefore associated consequences and outcomes” (DEST, 2006, p. 153). Rather than simply pointing to dangers, risks and consequences (although these are emphasised), this activity points to the contingency of drug experiences.

A similar emphasis appears four years later in *Get ready* (Figure 3.4).



Figure 3.4: The drug experience (DEECD, 2013, p. 6)

Although this enactment of the drug experience triangle again mentions “consequences”, the central element is a more general “drug experience” and a mention of “drug effects”. *Get ready* (2013) is unique in that it does not explicitly base any activity upon this model. Instead the drug

experience triangle is presented on a page that provides more general information on “women and alcohol”. This particularity will be discussed in detail in the next chapter on gender. As indicated by these examples, Zinberg’s (1984) model greatly influences the way much Australian drug education understands contexts, space or setting in drug consumption practices.

Many social marketing campaigns also enact models of drug consumption environments defined by three factors. An example is the information pamphlet entitled *Ecstasy: The facts* (Prevention Directorate, 2006). Released for the West Australian state government’s “Drug aware” program, this pamphlet provides information on a range of topics related to ecstasy. The legal status and chemical make-up of ecstasy are discussed, along with quantitative data pertaining to use of the drug in Australia. The risks of consumption during pregnancy, the danger of overdose, and the development of dependence are all discussed, with other harm reduction advice such as drinking water and eating properly. When discussing the “health effects of using ecstasy” the following text appears:

The effects of ecstasy will vary from person to person depending on characteristics of the:

- Individual (user) – Mood, physical size, health, gender, previous experience with ecstasy, expectations of the drug, personality, whether the person has had food and whether other drugs have been taken.
- Drug – The amount used, its purity, and whether it is taken as a suppository, by snorting, smoking or injecting.
- Setting (environment) – Whether the person is using with friends, on his/her own, in a social setting or at home, at work or before driving. (Prevention Directorate, 2006)

A very similar approach is taken in a different context, the *Fast facts on cannabis* (NCPIC, 2011) booklet. This freely available booklet provides information on the chemical make-up of cannabis alongside information on short-term and long-term “effects” of the drug. The resource also provides information on the topics of cannabis and mental health, cannabis “dependence”, treatment options, potential medical benefits and the legality of cannabis. In a discussion of the “short-term effects of cannabis” we read the following:

What are the short-term effects of cannabis?

Cannabis affects every user differently and this can be influenced by many things including *how much of the drug is taken, the environment it is used in, as well as the weight, size and mood of the person using it.* (NCPIC, 2011, emphasis added)

For both these resources, drug experiences and effects are defined by a mixture of the drug, the set (individual) and the setting (environment). The use of the same model of drug effects for two different drugs, cannabis and ecstasy, suggests a general ontology of drug effects. As with the teaching resources I have already discussed, drug, set and setting are understood to collectively define drug experiences and the effects of drugs on the individual. *Ecstasy: The facts* (Prevention Directorate, 2006) provides definitions for each of these phenomena in its discussion of health effects. In this pamphlet, the way ecstasy affects an individual's health is determined by the interaction of drug, set and setting. *Fast facts on cannabis* (NCPIC, 2011) provides a more general account. Similar to *Choices* (2009) and *Get ready* (DEECD, 2013), here the reader is given a model of the cannabis experience defined by the interplay between these three familiar elements. However, the resource does acknowledge that the drug experience is influenced by “many things”, thus gesturing towards the multiplicity of agencies in any one drug experience. Unlike every other text discussed in the chapter, *Fast facts on cannabis* (NCPIC, 2011) does not mention gender in its discussion of the set or individual. Much like the classroom texts, then, social marketing resources conceptualise the role of drug consumption locations as settings or environments that mix together with drugs and people and in turn produce an effect of drug consumption.

The missed opportunity of the drug experience triangle

While the resources exhibit striking similarities, they also enact slightly different versions of the drug experience triangle. *Drug education R-12 teacher support package: Senior years* (DTESA, 1999), *In tune* (DEST, 2006), *Get ready* (DEECD, 2013) and the social marketing resources do not reference Zinberg's research. Even without a direct reference, however, the origins of the drug experience triangles they enact are clear. The central difference between Zinberg's (1984) model and the ones that appear in *Drug education R-12 teacher support package: Senior years* (DTESA, 1999), *In tune* (DEST, 2006) and *Ecstasy: The facts* (Prevention Directorate, 2006) lies in what they attempt to explain and define. Zinberg (1984) tries to explain what impels an individual to consume illicit drugs and how this consumption will affect the individual. The two classroom resources attempt something much narrower: to define the “risks” and “consequences” of drug consumption events as a means of deterring consumption. In this respect they directly contradict

the triangular model which, given it understands drug effect as contingent, must assume that some drug consumption is not harmful or negative. *Ecstasy: The facts* (Prevention Directorate, 2006) has a similar focus in its discussion of “health effects”. The drug experience triangles enacted in *Choices* (Government of Western Australia, 2009) and *Get ready* (DEECD, 2013) provide a more general ontological account of drug experiences and could be considered more faithful to Zinberg’s (1984) original intent. The importance placed on broader social attitudes and norms around drug consumption is another important distinction between these models and Zinberg’s original. *In tune* (DEST, 2006) touches on these forces in mentioning “social acceptability”, “legality” and “cultural practice” in its construction of “the place” of drug consumption. Similarly, *Choices* (Government of Western Australia, 2009) briefly mentions “social-cultural” influences on the “environment” of drug consumption. However, the classroom activities that are based on the particular drug experience triangle appearing in *Choices* (Government of Western Australia, 2009) do not delve any deeper into these issues, and importantly these documents do not explore the influence of broad social norms. For example, attitudes to people who consume drugs, social sanctions placed on drug consumption, and the gendered reactions to individual drug consumption are not engaged with in any detail. This is an important omission as Zinberg commits some time to arguing that the reigning cultural beliefs about drug consumption, such as a veneration of “extreme decorum”, have resulted in too much focus on the drug and the set in drug policy. One result of this, says Zinberg, is an assumption that people consume drugs as an outcome of a “personality disorder”. This pathologisation of the individual was something Zinberg (1984) hoped to move beyond in his research, not least because it underestimated the power of setting. However, this is a problem that drug education arguably re-enacts in its conceptualisation of all drug consumption as stemming from irrational, failed decision processes. These contrasts notwithstanding, in keeping with Zinberg’s model all six of these resources enact drug settings, environments or places as three discrete entities. The particular mixing of these entities is understood to determine drug effects and experiences.

Having described these different enactments of the drug experience triangle, my next step is to consider what they do or do not achieve in drug education. My first observation is that the specific enactments of the drug experience triangle in these documents do not strictly adhere to Zinberg’s (1984) original theorisation of the drug, set and setting. However, this inaccuracy is of limited significance for my analysis. What the particular contortions of the model indicate about the political agenda of drug education is more important than whether the documents are faithful to Zinberg’s original idea. As such, the possibilities these interpretations open up and

close off for drug education and the young people exposed to it are my primary concern. Most importantly, these enactments of the drug experience triangle all serve to move advice away from purely individualised accounts of drug experiences. By foregrounding settings, these documents establish, if unintentionally, a possibility for spatial-temporal harm reduction interventions. In other words, these models may be used by young people to think about the ways in which they can arrange settings or find different settings more conducive to a pleasurable and safe drug consumption experience. These models also move away from placing blame squarely on the shoulders of the individual for experiences of drug-related harm. If settings are an integral part of drug effects, then the individual is not solely to blame for the experience of negative effects. However, as detailed in the previous chapter, the opportunities afforded by the model are not very thoroughly exploited in drug education and health promotion (Blackman, 2004; Brown & Gregg, 2012; Farrugia, 2014; Fraser, 2004; Tupper, 2008b).

The use of these models at the expense of their logical implications introduces an important tension in drug education. Rather than advising young people to become more sensitive to settings, drug education enacts a youthful neo-liberal subject who must list, analyse and decide these three elements in drug consumption events. In these accounts, young people who do not adhere to normative health practices are judged weak and enacted as abject. Importantly, the model of causality working through the drug experience triangle suggests drugs do not always have the same predictable effects. In enacting setting, environment or place as one of three main ingredients, these documents account for some of the unpredictability of drug experiences. In doing so they are more flexible and able to account for some of the heterogeneity of young people's drug experiences. Yet, another opportunity is missed here. The drug experience triangles also include rigid causal lists of drug effects that enact singular substances with reliable effects no longer determined by the interplay of drug, set and setting. In the next section I examine this apparent contradiction more closely and argue that this rigid enactment of the materiality of drugs is a limitation of Zinberg's model itself and not just of the versions appearing in drug education. This issue notwithstanding, in failing to sufficiently focus on forces beyond individuals and drugs, the current enactment of the drug experience triangle must be judged something of a lost opportunity for drug education.

An assemblage account of drug consumption settings

I have now detailed several complexities and problems with the conceptualisation of context or setting in drug education. To recap, these are:

- drug education does not account for broader social attitudes towards drug consumption,
- drug education often defines drug experiences purely by the risks they pose or the consequences that result from them,
- drug education individualises potential experiences of harm in drug consumption experiences, and
- overall, drug education fails to capitalise on the positive potential of the model of setting it currently uses.

One could claim that these problems stem from the way Zinberg's original model has been translated into the drug experience triangle seen in these documents. Such an argument leads to the observation that these models do not place enough emphasis on broader social values, such as the politics of gender, and if we were to add such a focus the models would be stronger and more effective. This potential change may indeed move towards addressing some of the issues I have discussed. However, as the recent body of research reviewed at the outset of this chapter argues, these same issues can be understood more effectively to emerge from a broader issue: the ontological account of setting that forms part of drug, set and setting. The different performative or relational engagements with drug consumption evident in this research all problematise traditional notions of setting for conceptualising drug, set and setting as discrete and separate entities. Traditional notions of context or setting, such as Zinberg's (1984) model, understand drugs, people, and space as anterior to each other (Dwyer & Moore, 2013). In these accounts the three ingredients *interact* with each other, and drug effects are caused and defined by this interaction. Although this gestures towards the instability of prevailing distinctions between types of drugs and the category of drugs itself, Zinberg's use of the category of drug, defined according to pharmacological action, implies a stable chemical substance. This suggests that Zinberg conceptualised drugs as having reliable physiological effects that interact with other stable entities rather than engaging in a process of co-constitution. This leads to an unconvincing assumption that the phenomena themselves do not play a role in each other's emergence, do not *co-constitute* each other. This point will be explored further in my analysis of gender in drug education. There I will point out that gender is made in drug consumption as much as it precedes it. For now it is enough to say that these traditional models of setting are unable to engage effectively with the dynamic experiences of young people who must negotiate the heavily gendered nature of certain drug consumption environments (Henderson, 1993; Measham, 2002; Moloney & Hunt, 2011; Waitt *et al.*, 2011). The siloing of these elements also assumes that spaces

are not qualitatively changed, delineated, shaped and given meaning or re-enacted through certain practices, an assumption that much qualitative drug research complicates.

Research already points to the limitations of siloing notions of setting such as seen in the drug experience triangle. In different ways, research on marginalised injecting drug consumers (Malins, 2004b), the co-constitution of city spaces, heroin markets and consumers (Fitzgerald & Threadgold, 2007), and the relationship between affective atmospheres of mobility and alcohol-related harms (Duff & Moore, 2014) all point to the merits of understanding spaces as flowing assembled phenomena. In her research with female injecting drug users in Melbourne, Malins (2004) points to the mutual implication of bodies and spaces. Malins (2004) argues that discursive “truths” such as the notion of the “junkie” constitute, or are folded into, certain city spaces. These spaces, identified by the dirtiness and disease they represent in the eyes of normative public health, work to constitute the women who enter into a relationship with them as “junkies”. The material body of the junkie, then, is produced or co-constituted through the relationship between the person and the space. This process is important as it shapes the potential harms these women may experience. For example, in order to avoid publicly acknowledged junkie spaces and the abject subject position they partly constitute, women may consume drugs in private or hidden public spaces, away from the gaze of passers-by. In doing so the risk of overdose is increased, as it is much less likely someone will see them in distress and offer assistance (Malins, 2004). Spaces, then, are not something these women can simply rationally choose to avoid, nor are they the backdrop of action, but rather active in the constitution of not only potential harm but of who these women are.

In their analysis of the way open drug markets and drug-consuming bodies can produce fear in people, Fitzgerald and Threadgold (2007) add an extra dimension to Malin’s (2004) argument. Fitzgerald and Threadgold (2007) argue that when drug dealer and consumer bodies become a mundane part of a city space, or become part of the “street furniture” (pp. 109-110), they expose the limits of the sensible world for the other people assembling the city as they move through it. By this they mean that these abject bodies become-with the city, their bodies make the city become-other, and bring into focus the fragility and fluidity of the distinctions between people’s bodies with other, material and non-material, bodies around them. This partial or affective realisation causes anxiety, it produces fear of the abject and insecurity about our ontological position in relationships with space and the other bodies making up the assemblage. The limitations of the premise on which the drug experience triangle is based, that bodies, drugs, and

settings are ontologically distinct, are thus exposed. One result of this, argue Fitzgerald and Threadgold (2007), is the call by retailers and shoppers to clean up the city, to remove the people and things that produce, what they term in another article, the fear of sense (Fitzgerald & Threadgold, 2004). Importantly, this analysis points to a process in which all bodies assembling a space are mutually implicated, they are assemblings of each other, and each is enacted anew as assemblages of space continue to become.

The relationships that Fitzgerald and Threadgold (2007) analyse have an affective quality in that they produce feeling states which shape bodily capacities. While Fitzgerald and Threadgold (2007) refer to “spatial-temporal” orderings in their analysis, more recent work on mobilities more explicitly brings temporality to the front of the analysis, something that is essential for any discussion of space and drugs (see, for example, Duff & Moore, 2014). The process through which bodies and spatial-temporal arrangements shape capacities is explored in-depth in Duff and Moore’s (2014) recent work on mobility in Melbourne’s night-time economy (NTE). Duff and Moore (2014) argue that the positive and negative experiences of traveling to and from Melbourne’s NTE are intimately related to what are traditionally understood as alcohol-related harms. Traveling to and from the NTE is clearly a spatial and temporal assemblage, most obviously due to the way the NTE is demarcated according to time. In this research spacetimes of mobility are conceptualised as assemblages that “prime” bodies to act in certain ways. Thus, the spacetimes of mobility, whether associated with train, bike, car or bus, make particular embodied experiences more or less likely (Duff & Moore, 2014). Importantly, young people who spoke of frustrating, long or unpleasant journeys were, at times, primed to experience harm. On the other hand, young people who spoke of fun or exciting journeys were not primed in such a way. This is not to say that people were unable to reassemble an event and thus be alternatively primed, but that the feeling states produced by different positive and negative experiences of travel were implicated in conflicts and harm. Central to their analysis is the way that these positive and negative atmospheres reflected structural inequalities relating to transport (something political economy research on context would also emphasise). Participants from the inner city areas with more access to public transport and closer proximity to NTE establishments were more likely to speak of positive travelling experiences. Participants from outer urban regions of Melbourne with less access to reliable public transport, facing expensive taxi rides or, at times, intimidating late-night trains and buses were more likely to speak of negative travelling experiences (Duff & Moore, 2014, p. 13). Unlike the drug experience triangle which assumes bodies and substances are stable entities, this research suggests they are assembled phenomena.

What six beers may do before, during and after a pleasant train ride and what six beers may do before, during and after an unpleasant taxi ride, for example, are not the same. The research reviewed here draws on empirical data to suggest that models of setting, such as that seen in drug education, are unable to account for the mutual implication of the various bodies that come together to enact spaces and times.

The traditional account of setting seen in the drug experience triangle and Zinberg's original research logically leads to a harm reduction focus on taken-for-granted, anterior elements that are understood to cause harm (Dwyer & Moore, 2013). As drugs and individual subjects are the two bodies traditionally ascribed the most agency, it logically holds that they are the two phenomena most in need of intervention. Drugs and people remain simultaneously the problem and the solution (Bacchi, 2009). This focus on drugs and subjects is evident in drug education and health promotion more generally. Drug education therefore inadvertently reproduces the older approaches it seeks to improve upon, targeting drugs and individual subjects and enacting drugs as inherently dangerous pollutants that young people would logically avoid if they correctly follow decision-making models. As noted at the outset, social scientists in drug research have increasingly become concerned with accounts of context and setting (see, for example, Böhling, 2014; Dilkes-Frayne, 2014; Duff, 2007, 2011, 2014b; Dwyer & Moore, 2013; Fraser, 2006; Gomart, 2002; Malins *et al.*, 2006; Waite *et al.*, 2011). In an important editorial, Duff (2011) draws on ANT in an effort to revitalise the notion of context, arguing context should no longer be conflated with a series of structural forces that are assumed to modulate drug consumption in pre-given ways across different space times. The problem, as Duff (2011) sees it, is that models such as drug, set and setting assume that individual forces, such as gender or drugs, appear as stable and uniform phenomena that mix with other forces (setting and set) to shape drug experiences in predictable ways. I questioned some elements of this criticism at the outset of this chapter. I argued that different accounts of context make certain social processes evident, such as the reproduction of social class in drug consumption practices, while, as Duff rightly points out, the fluid nature of drugs and their effects remained ontologically stable. In this sense, the notions of context, space or setting are all political enactments in that they establish boundaries of the problem thereby opening some forces up for change and closing off others. Duff's concerns can be clearly observed in these documents too. As I discuss at length in the next chapter, gender appears in this context as a uniform force that mixes with other ingredients to shape drug experiences in predictable ways. Drugs also appear in this way. Drugs appear as stable chemical compounds with standard, causal effects. In a more recent piece, Duff continues

this criticism of traditional concepts of context (Duff, 2014b). This time working with Deleuzian theory, Duff argues that the concept of context or setting needs to be replaced altogether. Duff (2014b) argues we should replace these traditional concepts with Deleuze and Guattari's (1987) concept of the assemblage. I have already defined the assemblage thoroughly in chapter 2, and also put the concept to work in my discussion of affect, agency and decision-making. Here I would add that using the assemblage rather than context or setting reformulates the space and time of drug consumption along with bodies and affects, such that the particular way these forces come together shapes the character of drug consumption and the associated positive or negative becomings that flow from it (Duff, 2014b). Thus, drug consumption practices assemble, and are assembled by a range of agencies, the particular relations of which enact the immediate context. Using the assemblage, drugs, sets and settings are reformulated as continually becoming bodies that help constitute each other. They emerge from within specific assemblages and as such are ontologically distinct from their emergence in other assemblages. In this way, drug effects, pleasurable or dangerous, and young people themselves, are co-constituted within settings or assemblages. Working with this approach, definite lists of characteristics of drug experiences do not make sense. Key bodies such as drugs, people and spatiotemporalities will emerge differently in different assemblages. Perhaps most importantly, in allowing for the emergence of different phenomena the assemblage can account for active forces in drug experiences ignored in Zinberg's model and later scholarship (see my discussion of literature on space and time pp. 43-45), such as time, and for a wide variety of experiences, including, of course, positive ones if the right emergent conditions arise. With the definitional work complete, my next concern is to map the implications of a move from context and setting to assemblage for drug education. To achieve this I will explore what the notion of the assemblage means for understandings of setting, subjectivity and drug effects.

As I have argued, people and their ability to affect and be affected, and settings, are all assembled. What drugs, people and settings "are" or "do" are not natural, essential properties but instead are a result of a particular assembling of bodies, affects and practices that together co-constitute each other. Approaching drug consumption in this way means drug education can no longer simply target individual bodies within an assemblage. In a Deleuzian sense, bodies (all of which are in a process of becoming), such as the drug, are temporary coagulations of other becoming bodies. Such an account of drug consumption locations also understands drug-related harms and pleasures as emergent phenomena, as a *property of the assemblage* rather than any one body (Duff, 2014b). This is an extremely important point for the design of drug education. Using

the figure of the assemblage, drug education could emphasise that certain assemblages make certain subjects and practices more likely to emerge (as shown in Duff & Moore, 2014). In this way drug assemblages are not the background of practice but are rather *enacted in* practices. Settings are enacted by the emergent bodies immanent to the assemblage. With this in mind, drug education could encourage young people to become sensitive to the enactment of time and space in their drug consumption experiences. Are they enacting a space or context that is conducive to a fun, pleasurable and safe experience for all those in their company? Are certain people “stuck into the corner” (Leyshon, 2008)? This touches on a point which will be more fully explored in the next chapter. Both young women and young men have to be enacted as responsible for the safety of the people around them. By emphasising that settings are emergent and made in practice, drug education can encourage young people to assemble safer drug consumption events. This innovation need not stop at drug education: policing practices, public health initiatives, and public bar and nightclub practices and licensing arrangements could all be reconsidered using an approach concerned with assembling safer and more open, rather than riskier and more rigid, drug consumption events.

Conclusion

In this chapter I identified the figure of the drug experience triangle and then tracked its use and influence in drug education. I have identified in this account an idea of settings based on Zinberg’s (1984) influential model of drug, set and setting. In his model the particular mix of the three stable and discrete entities, drug, set and setting, determines drug experiences and effects. Australian drug education documents do not strictly adhere to Zinberg’s original model; rather, they enact specific models of the triangle to communicate the health effects of certain drugs and the risks, consequences and experiences that result from drug consumption. Each of these concerns is defined by a framework reminiscent of Zinberg’s work.

How should the evident influence of Zinberg’s model on Australian drug education be understood? Here I have turned to a growing body of contemporary drug research concerned with understandings of drug consumption contexts, spaces and settings. Much of this work argues that traditional notions of setting, such as Zinberg’s (1984) model, result in rigid frameworks that assume broad structural factors will emerge and act in the same way at all times (Duff, 2011). Other research, such as the work of Bourgois (1998, 2003), points to the need to move away from assumptions that people can simply “walk away” from the political and economic contexts that shape their drug consumption practices and experiences of harm.

Models that assume settings are stable entities or backdrops of action, ontologically distinct from people and drugs, can result in harm reduction interventions that attempt to address taken-for-granted, independent phenomena understood to cause harm in simplistic causal patterns (Dwyer & Moore, 2013). As such, these interventions are unable to engage with the heterogeneity of drug consumption experiences and practices. Drug education offers an important example of these limitations in its myopic focus on bodies traditionally ascribed the most agency (people and drugs) rather than on the emergence of harm from within broader drug consumption assemblages. In doing so, drug education is ineffective at best; at worst, it actively enacts certain people and their drug consumption practices as abject. These young people are seen as unhealthy members of the wrong crowd, the bad elements in society that other young people must avoid if they are to live happy and healthy lives. As Duff has argued, then, an account of drug consumption settings or assemblages that understands harm as a property of the whole assemblage rather than any one body is urgently needed for research and policy (Duff, 2014b). Importantly, most research in this body of work has been primarily concerned with research practices and drug policy. This chapter is the first time that the insights from these theoretical engagements with context and setting have been put to work in the analysis of drug education.

As we have seen, the treatment of setting in drug education is also based on a traditional notion of setting which conceptualises the space and time of consumption as anterior to the bodies and practices within them. This is an important ontological limitation. However, it is important to note that current drug education does not take advantage of the insights that are offered even by the traditional accounts of setting currently in use. Rather than focusing on settings, drug education is instead concerned almost exclusively with drugs and young people, that is, the drug and the set. Drugs appear as dangerous, corrupting pollutants with reliable negative effects. Young people are conceptualised as future-orientated neo-liberal choice-makers and, as will be seen, young women are targeted for particularly inequitable attention. In this way, settings operate simply as the backdrops in which these more important forces act. Importantly, the force of time is forgotten altogether. The triangle model and the notion of setting it enacts fail to emphasise temporality, something that is very important for any engagement with the spacetimes of consumption. These problems reflect a primary focus on drugs and young people as individual actors, a limitation that partly stems from the enactment of drugs, sets and settings as ontologically distinct and stable phenomena.

To conclude, drug education could be greatly improved if it were to begin using the concept of the assemblage to enact the places that young people assemble when making decisions about drug consumption. Such a move would highlight the multiple becomings of drugs, people and spatial-temporalities. From this position drug education could engage with the qualitatively different subjects, drugs and places that are co-constituted by and through young people in certain practices of assembling. As I will explore in more depth in my chapter on parties, young people could be encouraged to become sensitive to the kinds of pleasures and risks that may emerge from the drug consumption events they assemble together. This conceptual shift would also push beyond the moralising notion, discussed in most detail in the previous chapter on peer pressure, that drugs are chemical pollutants corrupting youthful innocence in every instance. Thinking of settings through the assemblage acknowledges that young people are able to have positive drug consumption experiences that enact experiences of fun, pleasure, intimacy and care. If drug education used assemblage accounts of the relations that young people enact when they consume drugs, it could encourage young people to think about the kinds of things they can do to assemble safer drug consumption experiences. For example, drug education could help young people become more sensitive to the different ways MDMA may emerge at a small backyard get-together, a busy nightclub, a public park or large house party and the desirable and undesirable experiences made available through such assemblages. As I will elaborate further in my final chapter on parties, classroom exercises could be designed in which young people assemble certain events, such as parties, from a plethora of different bodies. Rather than simply choosing one place, one drug and one person, these exercises could provide a whole range of different bodies with different affective potential for young people to consider. In this way, drug education may enhance harm-reducing or pleasure-enhancing affective capacity. Without this conceptual innovation, drug education may continue to rely on a tired model of drug, set and setting which results in an exclusive focus on drugs and people as simple, stable entities with causal effects. As such, it will continue to erase from view many of the things young people can do to keep safe in their social lives, thus actively working to reduce their agential capacity to do so.

Chapter 7: Gendered decisions, pressures and settings

In this chapter I focus on the constitution of gender in Australian drug education. To do so I return once again to broad concepts that I have mapped thus far—decision-making, peer pressure and setting—scrutinising the co-constitution of gender in each. I first return to the notion of decision-making. This discussion requires a detailed exploration of the enactment of gender in the listing exercises of the list, analyse and decide process I described earlier. I then discuss the enactment of young women as abject problems. From here I move on to discuss the selective use of the peer pressure concept. I argue that, on close inspection, it emerges that drug education does not use the notion of peer pressure for young women’s drug consumption. Instead, young women are wholly responsibilised for drug consumption and any harm they experience during drug consumption events. This necessarily requires a discussion of agency. In order to explore this facet of peer pressure I return to the lists of drug effects introduced in my chapter on drug consumption settings. This discussion maps some of the implications of listing unwanted or risky sex as an effect of certain drugs. The final segment continues my exploration of the settings of drug consumption detailed in the previous chapter. Returning to this concept allows me to discuss the importance of conceptualising the place and time of drug consumption as emergent phenomena implicated in, and shaped by, gender rather than preceding it. Gender is the fourth broad organising problematisation that I am concerned with. As I argue, the agency of gender flows throughout all decisions, peer pressure and settings, and in turn co-constitutes what young bodies do in drug education.

The significance of gender in drug consumption practices is now firmly established. A range of epidemiological studies have pointed to the importance of gender dynamics for all aspects of drug consumption. For example, women have been shown to be far less likely than men to inject drugs alone (Sherman, Latkin, & Gielen, 2001) and very likely to be introduced to injecting by a male sexual partner (Bryant & Treloar, 2007). More generally, Australian studies have identified men to be more likely to drink alcohol at “risky” levels and to do so more regularly than women (AIHW, 2011), and young women are thought to be more likely to consume alcohol in private settings such as friends’ residences rather than public bars (Victorian Drug & Alcohol Prevention Council, 2010). Qualitative research has also explored the importance of gender in drug consumption. For example, masculinity has been recognised as a substantial force in the rate of

consumption and experience of heroin (Quintero & Estrada, 1998), powerful gender dynamics have been identified in public drinking venues (H. Campbell, 2000; Gough & Edwards, 1998; Leyshon, 2008; Lindsay, 2006), the preference for public or private drinking spaces has been presented as intimately intertwined with gender (Holloway, Valentine, & Jayne 2009), and gender has been implicated in the corporeal experience of drug consumption (Measham, 2002). Research has also explored the constitution of masculinity (Farrugia, 2015) and femininity (Measham, 2002) through consumption practices. This is by no means an exhaustive account of the very large and influential body of work concerned with the relationship between gender and drug consumption (see Moore & Measham, 2013, for a review of this area of research). Of most importance here is that gender is a central concern for many social scientists researching drug consumption and its significance should not be underestimated in materials concerned with related practices such as those of drug education.

In an analysis of hepatitis C prevention materials, Fraser *et al.* (2014) argue that health promotion materials should be understood as conceived in a particular social context. Accordingly, Fraser *et al.* (2014) emphasise that health promotion materials (here I include drug education documents) are shaped by, and often include, unexamined social norms and expectations. An awareness of different expectations and assumptions shaping drug education is essential if we are to understand the potential role it can play in young people's lives. I have already discussed a range of assumptions about young people made in drug education. I have looked at notions of decision-making, peer pressure and the enactment of the settings of drug consumption. I now turn my attention to the constitution of gender in all three of these problematisations. I have separated these different discussions into individual chapters for the sake of clarity and to emphasise specific dynamics in each. However, as I have argued across the three preceding chapters, these forces are co-constitutive. There can be no decision-making or social relations without gender, no setting without social relations, and so on. Each of these different topics of concern should be understood as relations that, when assembled together, can be enacted according to certain socially intelligible practices or concepts. In previous chapters these assemblages have been decisions or peer relations or settings. For now, it is gender that occupies my attention, a focus I share with other social scientists interested in health promotion (Brown & Gregg, 2012; Dwyer *et al.*, 2011; Fraser *et al.*, 2014; Moore & Valverde, 2000).

In an article on young Australian and UK women's alcohol consumption and use of Facebook, Brown and Gregg (2012) outline troubling enactments of gender, responsibility and regret in

recent Australian and British “anti-binge drinking” campaigns. As they argue, these social marketing campaigns operate according to a “pedagogy of regret” (p. 357). By this they mean that to achieve behaviour change, health promotion materials attempt to instil regret in young people for their consumption practices. It is thought that once young people reflect on the potentially regrettable activities they may be involved in while drinking they will moderate their drinking and other practices accordingly. These regrettable practices are based upon normative expectations of femininity and masculinity. Men regret accidents, personal injury and spontaneous violence presented as caused by their alcohol consumption. Women regret sordid sexual encounters, and “letting themselves down” or “lowering their standards” and thus failing to behave “respectably” (Brown & Gregg, 2012, pp. 359-360). Brown and Gregg (2012) criticise this rhetoric of regret heavily as it focuses almost exclusively on young women’s reputations and forecloses any consideration of the ethics or legality of the violent and “regrettable” actions men perpetrate against women independent of women’s alcohol consumption. Moore and Valverde (2000) make a complementary argument in their analysis of “date rape drug” educational material. They argue that some of these materials work to de-gender the nature of sexual assault through the personification of drugs. By this they mean that the materials describe the drugs themselves in ways that enact them as devious, and attribute agency to these substances in very problematic ways. This enactment of the substance works to efface the criminal and sexist agency and intent of (male) perpetrators of rape. Instead of holding the person responsible, the materials locate the intent, agency and responsibility in the drug (Moore & Valverde, 2000). Moore and Valverde (2000) argue further that the materials work to reinscribe conventional heterosexuality by presenting all sexual encounters as heterosexual in character. Women are never presented as wanting to seduce other women and men are universally portrayed as a sexual risk for women. Thus, the materials enact compulsory heterosexuality at the same time as suggesting that heterosexual sexual practices are themselves the true danger or risk for young women—in that no man is safe or trustworthy. Both Brown and Gregg (2012) and Moore and Valverde (2000) argue women are often rendered wholly responsible for the risks posed by the actions of men. Women are called upon to individually look after themselves and their *female* friends. There are no “white knights” and at no point are men enacted as responsible for, or able to play a part productive in, the safety of young women in their company (Moore & Valverde, 2000). The research reviewed here strongly points to the importance of accounting for gender when thinking through the kinds of exemplary abject subjects enacted in drug education (Race, 2009).

The problematisation of gender is the primary focus of this chapter. As gender is a significant force in all the concepts I have dealt with thus far, I return to some of the data I have already discussed and also assemble new data in order to map the specific workings of gender in drug education. As I argue, very specific gendered realities are enacted in drug education:

- “gender” acts as a stand in for “women”,
- gender is a concern and a problem for young women,
- gender is not a concern or a problem for young men,
- gender shapes notions of peer pressure in ways that responsabilise young women for harms they experience, and
- gender is an unchanging biological trait.

These understandings of gender and its place in drug consumption are an extremely important element of drug education. As will become clear, drug education currently attempts to teach young men and young women some of the most unhelpful, unethical and dangerous stereotypes about gender and drug consumption available. Unless the problems I outline are addressed, drug education will remain not only of little use for young people, but an actively negative gendering discursive and material force in Australia.

Analysis: Gendered decisions, pressures and settings

Gender is a powerful agent partially constitutive of each of the problematisations of youth discussed in the previous three chapters: decision-making, peer pressure and settings. In this section I return to decision-making, and the problem scenarios and listing activities I explored in Chapter 4. I closely analyse the way these activities enact different notions of risk and abjection according to gender. From here I move onto peer pressure. I question why some scenarios enact peer pressure as the defining feature of social interaction and why others do not. In this discussion I necessarily focus on the allocation of responsibility and agency that an emphasis (or otherwise) on peer pressure necessarily entails. From here I ask whether a consideration of gender can explain inconsistencies in enactments of peer pressure. I then move on to discuss the enactment of gender in the account of setting in drug education. This requires me to look closely at the force gender exerts in the set (or person) of the drug experience triangles. By focusing on gender I am mapping the final force I identified in the problematisation of what a young body can do in Australian drug education. Once this task is complete, gender will be analysed

alongside decision-making, peer pressure and settings in my final chapter on party assemblages in drug education.

Decision-making and gender in drug education

In Chapter 4, I mapped out the decontextualised notion of decision-making dominant in drug education, finding it to be defined by a process of listing, analysing and deciding. In making this analysis I questioned the system of rationality enacted explicitly and implicitly in drug education. I concluded that this system was unable to account for the complexity of decision-making processes and failed to enact a sensitivity for the agency of the plethora of important forces active in drug consumption events. I also argued that drug education's process of subjectification functioned partly through the enactment of exemplary abject subjects who embody the failed decision process and subjectivities that young people must avoid. It is these abject subjects to which young people must say "no". This process operates through three different kinds of activities: listing activities, potential problem scenario analysis and the study of decision-making models. I now return to the listing activities and potential problem scenarios. These two activities display most clearly the gender dynamics essential for my analysis.

Listing femininity

As I have shown throughout this thesis, young people are often asked to list different drugs, consequences, risks, and people on scales of bad to worse. In my discussion of the list element of decision-making I first considered a list appearing in *In tune* (DEST, 2006). This list was defined by the two poles of "least offensive" and "most offensive". Some of the exemplary offensive activities and people I mentioned during that discussion were a pregnant woman smoking and a woman in a gutter with vomit on her. For the sake of clarity I reproduce the whole list here (Figure 4.1).

What's Worse? Cards

✂

Seeing an old man asleep in a park with an empty bottle in his hand	Seeing a young woman in the gutter with vomit all over her
Seeing a girl with an open bottle of valium in her hand	Seeing a woman smoking while she is pregnant
Seeing your brother or sister smoking cannabis every day	Seeing someone being offered an unknown tablet at a party
Finding your friend shooting up in a toilet	Seeing your friend take panadol every day
Hearing your best friend is in police custody for being drunk and disorderly	Finding out your friend's drink has been spiked
Most offensive	Least offensive

156 in Tune

Figure 4.1: What's worse? (DEST, 2006)

Gender plays a very important role in this list. The blatantly selective mention of the gender of the potentially “offensive” people and practices is perhaps the most striking element of this list. A reader will quickly notice that aside from the “old man” in the park, which plays on established stereotypes of the homeless vagrant, and the “brother” and “sister” that arguably focuses on gender equally, the gender of potentially offensive people is only mentioned when the person is a woman. This suggests that the gender of a person is only an important consideration when that person is female. As will become evident, the use of gender as a stand-in for women is common throughout drug education. In this example, it appears that young men do not need to consider their gender identity when consuming drugs. Using gender as a proxy term for femininity enacts masculinity as a neutral subject position, one that does not need to be considered and most certainly does not need to be problematised; instead, it is naturalised (Bacchi, 2009). This list works to focus attention almost exclusively on young women. It is young women who must list their gender as a consideration and it is young women who must monitor their comportment. There is more to be said about this first list, but in the meantime I return to the second list I referred to in my discussion of decision-making to more fully explore these dynamics.

The second list appears in *Making the link* (NCPIC, 2012). In this case it involves ranking scenarios according to “level of concern” rather than “offensiveness”, presenting drug-related scenarios such as young women cheating on their boyfriends while drunk or failing to care sufficiently about their appearance, and young men jumping in front of cars while stoned. Of most importance are the normative expectations of femininity and masculinity that saturate this list. On the one hand, the behaviour of young men is ordered in accordance with notions of hegemonic masculinity (Connell, 1995). Young men are instructed to learn to regret punching their friends while drunk or jumping in front of cars. In this way, the young men achieve or do masculinity through consumption. Their behaviour re-enacts common realities of risky youthful masculinity and adheres to what is commonly thought of as an inevitable developmental stage for young men. Young male reputations are never brought into question. Girls, on the other hand, risk failing proper standards of femininity related to motherhood (as suggested by the smoking pregnant woman) empathy and caring, or control and respectability (as suggested by the woman in the gutter), or expectations of appearance and self-care. As such young women’s worth as feminine subjects is brought into question here, rather than simply the practical consequences of their actions. In this way drug education enacts young women’s femininity itself as a risk or potentially “concerning” or “offensive” element of their drug consumption. It appears that what actually requires “listing” when trying to make a rational decision is intimately

implicated with gender. Women are the key problem here (Bacchi, 2009). At no point are young masculine subjects questioned and therefore monitored in the same way.

This is not to argue that gender only acts in content rather than form. As famously argued by Irigaray (1985), Western linear textual logics can be understood as intrinsically phallic/masculinist. That is, writing in linear and traditionally “logical” ways is an isomorphic construction between the text and the phallus. The function of a list works to enact a singular, autonomous, unified and “rational” reality in accordance with a phallogentric knowledge system. More recently, STS scholars Mol and Law (2002) have theorised that lists can work to propose order, based on the illusion that all relations can be understood and that all-inclusive overviews are possible. This is a list that works from the presupposition that a single and consistent world exists. Inspired by Foucault, Mol and Law (2002) theorise lists differently, arguing that they do not need to assume a single existence and reality and can instead recognise contingency, remain open and acknowledge intrinsic incompleteness. The point here is that subjectification and the enactment of realities does not function through content alone. The forms in which assertions about the world are made also performatively enact certain gendered realities, bodies and subjects.

Analysing young women

I now turn my attention to the second stage of the decision-making process: analyse. As I have already outlined, drug education imagines the analysis of the risks of current and future situations to be integral to decision-making. Drug education provides young people with problem scenarios in order to teach them how to approach drug-related and general social situations according to the list, analyse and decide model. I have already discussed a number of these situations in both classroom drug education and social marketing materials. In doing so I pointed to the future-orientated subject and notion of rationality partially enacted through them. I now examine some other situations taken from the drug education resources for the constitution of gender in them. This is an essential task as gender plays a very important role in the enactment of problems and their associated solutions (Bacchi, 2009).

Every problem requiring analysis in these scenarios contains complex gender dynamics. My first example is contained in a teaching package entitled *L.E.A.D: Leading education about drugs* (DEST, 2005). Designed for both primary and secondary schools, this resource contains an extensive range of data on population-level drug consumption rates, classroom exercises, quizzes and fact

sheets. One classroom activity for secondary students entitled “The problem solver panel” presents a problem-based activity shaped by gender. In this activity, students are assigned roles such as health and safety officer, relationships officer, creative thinker, financial advisor, and duty officer and, according to their role, must list the best way to deal with a series of “problem solver scenarios”. One such predicament is as follows:

Lisa and Kelly are 16 and they have gone to a huge party of a student in Year 10 at their school. Lisa has been accepting drinks from someone she is keen on but doesn't really know that well. She is about to go for a walk with him down to the park. Kelly is concerned that Lisa will regret what she is about to do, and would not make that choice if she were sober. What should Kelly do? (DEST, 2005, p. 53)

Get ready (DEECD, 2013), presents a comparable problem scenario:

A TOTAL BLUR

Gemma (17): I wish I had never turned up to my cousin's 18th. I thought it was a good time to try drinking. My first time—because I am not really into that whole drinking thing. After all, my parents, aunts and uncles were in the upstairs lounge. So I had to be pretty safe and I wasn't going to get drunk. I had a couple of champagnes. I didn't notice any effect. I had a few more—then I got into dancing and there was this guy dancing with me. He seemed cute. The room starting spinning a bit and I was feeling light-headed, so he offered to take me outside for some air. I remember we were in the garden, and he started kissing me. But then things get blurry... I don't really remember the next bit. My cousin found me in the top bedroom. She told me my jeans were around my knees and I had chucked up on the bed. She had to get me into the shower and clean me up. (p. 33)

As is becoming clear, Australian drug education enacts drug-related problems very differently according to gender. Dangers for boys are centred on physical harm that can come from jumping in front of cars or riding motorbikes whilst inebriated (*Choices: Alcohol and other drugs*, 2009; *Get ready*, 2013; *Making the link*, 2012). For girls, danger comes almost uniformly from sexual regret, ruined reputations and sexual violence. Gemma's predicament flows directly from her drinking and partying practice. In this instance, students of drug education are invited to question and blame Gemma for drinking too much rather than questioning the behaviour of the

young man involved. She is also rendered passive: something happens to Gemma and had she avoided drinking she would not have needed to be “cleaned up”. It appears this lesson is intended to teach young people that through her drinking and sexuality Gemma has “fallen”, become dirty and polluted (Ettore, 1992). Throughout drug education, young women’s sexual desire and assertiveness is enacted as a problem that results in regret and shame (Brown & Gregg, 2012). Even when it appears a young woman, such as Lisa, is acting on desire identified prior to the drinking occasion, regret is presented as inevitable. Lisa is enacted as making a bad or regrettable choice as a result of a failed decision process. Her reputation as an orderly, controlled and respectable young woman is at risk here. The specific role notions of peer pressure play in these situations is also important. I develop this discussion of gender and peer pressure in a later section.

As with the problems discussed by Moore and Valverde (2000), at no point in these drug education documents are young men enacted as responsible for curbing sexual violence, either for helping stop sexual violence perpetrated by other men, or for looking out for their female friends. Another way of reading this would be to suggest that young men are encouraged not to partake in such violence purely because they may face serious repercussions themselves. Either way, these documents emphasise and responsabilise young women for protecting themselves and their *female* friends from critical judgments of “improper” feminine practices. In turn, they enact young women as the guardians of normative femininity. These young women must stop their friends from compromising their position as proper feminine subjects and morally judge those who fail to do so. Thus, drug education currently works to bolster common understandings of women’s intoxication as somehow doubly problematic (de Visser & McDonnell, 2012; Leigh, 1995) and attempts to set out the borders of appropriate female consumption. A vivid example of this notable omission returns us to *Making the link* (NCPIC, 2012). Students are presented with a scenario in which two young women named Claudia and Anna are worried about the behaviour of their friend Bree. A conversation between Claudia and Anna details the problem, as shown in Figure 4.2.

Claudia	How fun was Tammy's party? I haven't danced that long for ages...	Takes out earphones
Amy	I know, the music was awesome, I can't believe how many people rocked up...	
Claudia	Hey, I know this is really mean but after what Bree did I'm thinking about un-inviting her to my party. She was so embarrassing...	
Amy	What do you mean? She's one of our best friends! She wasn't the only drunk person there...	Sitting upright, a bit alarmed
Claudia	Yeah but she was the only one who tried to hook up with half the guys, even Maria's boyfriend! She was so out of line. And it's not like it was the first time. You know she had a joint before the party? She's losing it...	
Amy	Yeah I know... it was so full on when she threw up everywhere and I had to call her sister to come get her... I feel a bit bad about that...	
Claudia	At least you didn't call her parents. I'm over it... if we stop inviting her maybe she'll get the message and get her act together	Paying attention now and getting a bit more riled
Amy	Yeah... but I don't think that would work, it could just make her worse. Something's going on. I mean she's constantly worrying all the time... and seems to think everyone hates her	Facing Claudia in a more empathetic manner
Claudia	Well everyone will if she keeps making a fool of herself...	

Figure 4.2: Should we help Bree? (NCPIC, 2012, p. 53)

At first it appears that Amy is unsure as to whether Bree should be judged so harshly for her behaviour at the party. However, after Claudia mentions her sexual assertiveness they develop a consensus. Amy then goes on to detail Bree's final "shame" of the night: vomit. Thus, young women are enacted as responsible for looking after other young women and surveilling their conduct in keeping with conventions of feminine propriety. Bree's sexuality is one of the key problems in this scenario. While it is perhaps understandable that Amy and Claudia disapprove of Bree's attempt to "hook up" with another friend's boyfriend, it is the fact that Bree also tried to hook up with "half the guys" at the party that confirms her "lewd" behaviour. Finally, the fact that Bree drank a large amount and flirted with many young men is enacted as indicative of a broader deficiency or pathology. "Something else" *must* be going on to make sense of this behaviour beyond desire and pleasure-seeking. In this way drug education positions these young women as embodying an unruly, uncontrolled and potentially masculine, feminine subjectivity. The notion that alcohol and other drug consumption, especially "binge" drinking, is a masculine pursuit further bolsters these pejorative enactments of young women's consumption (de Visser & McDonnell, 2012). As such, Bree is understood to not only be unhealthy and uncontrolled but

a threat to the established gender order for partaking in masculine pursuits such as drinking and “picking up” (Dobson, 2014; Jackson & Tinkler, 2007). The use of vomit is interesting too in that it attempts to disgust the reader, enacting the “unruly” young woman as somehow polluted, without dignity, and most importantly, contagious (Lupton, 2015). As is becoming clear by this point in my analysis, vomit flows through drug education almost as much as alcohol and other drugs. A critical reader is of course led to wonder whether such accounting would be considered necessary for young men drinking heavily and flirting widely at a party. Certainly no such accounting occurs in this resource or any other analysed in this thesis. A very similar dynamic appears again in *Get ready* (DEECD, 2013):

Roni’s friend has had a bit to drink. A group of guys she has been talking to are getting her to strike raunchy poses while they take photos on their mobile phones. Roni tries to drag her friend away but she shakes Roni off and tells her to chill out. Roni is concerned that her friend has lost her sense of judgement and wonders where these photos are going to end up. (p. 37)

In this example one young woman is responsible for protecting another young woman from potentially soiling her reputation. Roni fears her friend has lost her sense of judgment, suggesting that participating in the activity described is in itself morally wrong. It becomes clear that Roni’s friend will somehow be a less worthwhile person if people “see her like this”. Much like the situation with Gemma, students are again invited to question the young woman’s sense of judgment. The motivations of the young men are rendered irrelevant here, and it is Roni’s female friend who is solely responsible for the potential repercussions of this event (Brown & Gregg, 2012). None of the male participants are presented as conscious ethical subjects concerned about or responsible for the outcome of the interaction.

Rational decisions or normative judgments?

In all these ways Australian drug education works to reproduce unexamined normative assumptions about appropriate femininity and sexuality (and, in turn, appropriate masculinity) through notions of decision-making. Situations are presented in which young women are supposed to feel regret and shame, and the strategic use of vomit attempts to elicit feelings of disgust. Together these strategies attempt to deter young women from substance consumption by enacting their drug consumption as especially disgusting and regrettable (Brown & Gregg, 2012; Lupton, 2015). The young women in these situations are the abject subjects that young

people must first analyse and subsequently avoid embodying. Troublingly, then, the gendered violence the drug education documents seem to want to “protect” young women from is actually reproduced in them. No effort is made to highlight the gendered nature of the risk and threat that makes looking out for your female friends necessary (Moore & Valverde, 2000). In short, these documents work within the confines of normative notions of masculinity and femininity, and as they do so, they actively instruct young people in those norms. Young men are enacted as uncaring, uncontrolled and physically risky and no questions are raised about these attributes or their sexual conduct. Young women who consume drugs are presented as losing their sense of judgment and blamed for the potentially violent actions of others (young men). Finally, at no point is youthful masculinity enacted as having a positive role to play or responsibility in ensuring the safety of others, especially the safety of young women (Moore & Valverde, 2000). These accounts are particularly troubling in that they are designed to be presented to young people in classrooms. Thus, young people are *obliged to learn* that young men have no responsibility for the safety of their female peers and that young feminine sexuality is both dangerous and shameful. These sexist stereotypes may not appear explicitly as learning goals in these documents but they are nevertheless part of the educational process and a significant force in the enactment of what a young body can, or should, do in Australian drug education. In the characterisation of gendered problem scenarios, drug education fails its own demand to rationally list, analyse and decide. It seems the process of listing, analysing and deciding implicitly at work in drug education is not so much one of rational or critical deliberation but instead the unreflexive repetition of unexamined gendered norms and morality.

Untangling the double standards of peer pressure

Alongside these concerning lessons about gender, drug education uses a confused notion of peer pressure to understand young people’s social relations. As discussed in Chapter 5, drug education enacts young people’s social groups as both a risk factor and protective element in drug consumption, and as a signifier of a happy and healthy life. This tense and contradictory enactment of peer engagement is representative of a confused attitude towards youth sociality in general. I now look more deeply into this confusion by exploring the specific gender dynamics of the concept of peer pressure as it appears in Australian drug education. This requires a return to some specific elements of the problem scenarios discussed above. As was explored through the hot seat activities, the notion of peer pressure is intimately intertwined with understandings of agency and responsibility. Taking this into account, I turn to the enactment of drug effects, previously discussed in my analysis of drug, set and setting, to ask questions of the kinds of

agency these substances are ascribed and what this tells us about the co-constitution of gender and peer pressure.

In Chapter 5 I discussed a drug invitation scenario found in a classroom resource entitled *Cannabis: Know the risks!* (DET, 2001). In this scenario a young woman named Amanda invites a young man named Brad to smoke a joint. The title of the activity in which the scenario is found is “No thanks!”, and the learning goal listed is developing “assertive refusal skills”. This title and learning goal frames the invitation to smoke a joint as a peer pressure situation. I also discussed a very similar dynamic in the decision-making chapter, in reference to a scenario found in *Get Ready* (DEECD, 2013). In this example we read that Steve was being pressured to smoke a joint by his new friends while they were sitting in a basement listening to music. Of importance here is the way these scenarios suggest young men have to negotiate the pressure of the “convincers” and, as such, are not enacted as *wholly* responsible for their potential drug consumption. Although it is both Brad and Steve’s individual responsibility to “say no”, any drug consumption they do partake in can be partly blamed on the convincer and peer group, thereby re-enacting common notions that young people must always negotiate an intrinsically dangerous social milieu (Wyn & White, 1997). However, if we return to the gendered potential problem scenarios discussed above a different dynamic appears.

Although also dealing with a dangerous social life, Gemma (*Get ready*, 2013), Kelly (*L.E.A.D.*, 2005), Roni’s friend (*Get ready*, 2013) and Bree (*Making the link*, 2012) are not enacted as “pressured” in their dealings with young men at the parties they are attending. These scenarios enact the young women’s drinking and sexual assertiveness as the problem (Bacchi, 2009). In the other scenarios, young men are “tricked” and pressured into consuming illicit drugs and this is one important force in their failure to make the only rational decision of abstinence. In these scenarios the young women are wholly responsibilised for their “regrettable” behaviour at the parties. Gemma, Kelly, Roni’s friend and Bree simply made poor decisions, decisions they would not have made if they listed their own femininity as a risk factor, analysed their reputations as orderly feminine subjects as at risk, and decided to abstain from drinking, drugs and sex accordingly. The most unhelpful and dangerous sexist double standards are at work here. Proper young men appear to be corrupted by the wrong crowd, whereas young women who choose to partake in improper and unfeminine consumption and pleasure practices *are* this wrong crowd. These young women, and the wrong crowd they together establish, are seen as a challenge to the established gender order (Dobson, 2014; Jackson & Tinkler, 2007) and the normative linear

trajectory of both young women and young men they are thought to negatively influence and “pressure”. The enactment of regret is one way drug education attempts to govern these unruly subjects and the challenge they are understood to pose. As Brown and Gregg (2012) argue through the pedagogy of regret, the regrettable practices that appear in these documents obscure the responsibility young men have in these social situations. Could Roni’s friend not be understood to be a victim of peer pressure from the young men taking photos of her? Perhaps the “dancing guy” pressured Gemma into going into a bedroom with him? Although drug education uses a general narrative of peer pressure to explain and understand youth drug consumption, the leeway for the consumer or decider provided by the concept is not allowed to young women. Instead groups of young women who appear to only have female friends are enacted as exemplary compromised abject subjects failing to adhere to normative feminine expectations. Enacting young female consumption in this way does not ask young men to modify their consumption practices or relations with their peers; instead, young women are held responsible failing to protect themselves and for the actions of young men (Meyer, 2010).

The gendering of the notion of peer pressure can be further understood through a discussion of the way the effects of drugs are presented in drug education. While I originally discussed lists of drug effects in the chapter on drug consumption settings, they also have significant implications for my analysis of gender and peer pressure. In my discussion of drugs in drug, set and setting I discussed a list of MDMA effects found in *Get ready* (DEECD, 2013). As described on page 162, one of the claims about MDMA made in this list is that the drug causes some people to “make decisions about sex that they would not usually make” and that “they might have sex with people they normally would not have sex with” (p. 18). A very similar claim is made in the same resource about the effects of amphetamines: “it [amphetamine] can lead to unwanted or unprotected sex” (p. 20). Other classroom resources share this understanding of drug effects. For example, 12 years earlier *Cannabis and consequences* (DEST, 2003) listed “unwanted/unprotected sex” as an effect of cannabis consumption (p. 50). Social marketing materials also make similar claims. One pamphlet entitled *Drugs: The real facts* (undated), available on the Commonwealth Government’s Department of Health website, reproduces two common generalisations about the drug ice: “[ice] increases libido, so users are more likely to engage in risky sexual behaviour” (p. 6) while the *Read this before Saturday night* (DHA, 2010) pamphlet (also discussed in the decision-making chapter) claims that ecstasy can cause “reduced sexual inhibition, which can lead to unsafe sex” (p. 3). In the enactment of unsafe, unwanted and risky sex as drug effects, these materials completely ignore the social and, most importantly, gendered

nature of sexual practices. To state that unwanted sex is an effect of a drug is to erase the main actor, the perpetrator of sexual violence (Berrington & Jones, 2002; Moore & Valverde, 2000). Listing risky and unsafe sex as effects of a drug assembles a similar reality. Rather than acknowledging the complex and well-documented gendered power dynamics that young people and especially young women have to negotiate when practising “safe” sex (Holland *et al.*, 1998; Vitellone, 2008; Wyn, 1994), these texts instead enact a causal relationship between certain characteristics of sex and drugs. It seems that peer pressure has disappeared in these notions of sexuality, sexual violence and drugs. At the very least, unwanted sex could be discussed, although not unproblematically, through the frame of peer pressure. However, in much the same way as the problem scenarios, when it comes to “unfeminine” practices such as drug consumption and sex, young women are wholly responsibilised for “regrettable” behaviour and young men’s responsibility is effaced through a notion of drug effects. In effect, these enactments work to first de-gender sexual assault by blaming the drug rather than the perpetrator and re-gender it by characterising it as a problem of women’s consumption instead of patriarchal violence (for a cognate analysis of newspaper coverage of “binge drinking” and rape see Meyer, 2010). In this sense, when drugs are used as the central explanatory device in gendered violence, gender power structures remain unquestioned. One extremely important problem here is that these claims of drug effects and peer pressure amount to teaching young people that responsibility for sexual violence is reduced through drug consumption and that young women who consume drugs are offensive failed abject subjects who literally end up in the gutter.

Gender in the drug experience triangle

Thus far I have explored the range of ways gender shapes notions of decision-making, peer pressure and youth sociality generally in drug education. I now move on to look at the ways gender flows through the concept of setting and the drug experience triangle based on Zinberg’s (1984) original model of drug, set and setting. In the previous chapter dedicated to these concepts I argued that drug education fails to capitalise on the potential of the drug experience triangle. Rather than sharing emphasis with the settings of consumption, drug education remains almost exclusively concerned with drugs and sets (individuals). I argued further that this shortcoming could be addressed with a move away from the siloing ontology that currently enacts drugs, sets and settings as ontologically distinct entities. If drug education were instead to use the concept of the assemblage, it could begin to account for some of the contingency of drug consumption experiences and help sensitise young people to assemble safer, pleasurable drug consumption events. Gender is, of course, a very important force in the safety and pleasure

made available during drug consumption events. In order to look closely at the role of gender in the drug experience triangles, I first briefly introduce some relevant research on gender, space and setting. From here I analyse the emphasis placed on gender in the enactment of the sets of drug consumption and the use of “gender” as a stand-in for “women”. By the end of this discussion I will have mapped the action of gender in the three substantive sections of this analysis: decision-making, peer pressure and drug consumption settings.

Many researchers have argued that gender dynamics are integral to any analysis of the environments of drug consumption (Leyshon, 2008; Lindsay, 2006; Measham, 2002, 2004). Historically all spaces, especially leisure spaces, have been constructed along overtly gendered lines (Measham, 2004). The way these gender lines are enacted has changed dramatically over time, but gender rules and expectations remain (Lindsay, 2006). The gendering of these leisure locations is linked to differential drug consumption practices and corporeal experiences (Measham, 2002). Some researchers have argued that gendered moralities work to constitute certain drug consumption spaces as appropriate or inappropriate depending on the gender, age and social class of individual people (Holloway *et al.*, 2009). Such an analysis indicates further that the settings of drug consumption are not simply preformed places but are performatively constituted by the people in them and the practices that occur in conjunction with them (Holloway *et al.*, 2009; Waite *et al.*, 2011). These gender dynamics again point to the overlap between concepts of context or space discussed in the previous section on setting. Broad structures and discourses work to shape drug consumption environments and practices. Yet, they themselves emerge in different ways depending on the particular space and time in question. This body of work points to the significance of gender in an analysis of the places and times of drug consumption, a concern I now address in relation to drug education.

Gendering “set” in drug, set, and setting

As I have shown, drug education uses the drug experience triangle to discuss the experiences, consequences, risks and effects of drug consumption. Although social marketing materials do not use the same visual metaphor, a very similar ontology of drugs, set and settings appears in them. The first triangle I analysed in Chapter 6 appears in an early classroom resource entitled *Drug education R-12 teacher support package: Senior years* (D'TESA, 1999). In discussing the risks of drug consumption, the resource lists eight aspects of the set or person to consider (although each consideration is presented as a question there is no introductory sentence framing the activity):

- Age?
- Experience drinking [or other drug use]?
- Male or female?
- Body size?
- Mood?
- Personality?
- What they expect to happen?
- Food intake? (p. 31)

By comparing this list to others that appeared seven (*In tune*, DEST, 2006; presented below) and 14 (*Get ready*, DEECD, 2013) years later, a pattern begins to emerge.

The key factors related to the person include:

- Gender
- Other medical problems
- Fitness
- Other drug use
- Beliefs
- Mood
- Motives
- Experience
- Knowledge (*In Tune*, DEST, 2006 p. 119)

Person:

- Age
- Gender
- Metabolism
- Mood
- Medical conditions
- Expectations
- Experience
- Knowledge
- Body size (*Get Ready* DEECD, 2013, p. 6)

The position of gender in “the person” of these lists is significant. All three of these lists place gender near or at the top. Gender appears above other important considerations such as “other medical problems”, “other drug use”, “experience” and “mood”. A critical reader could justifiably question whether gender is indeed more important in determining the (negative) “consequences” of drug consumption than “medical problems” or “other drug use”.

Considering the focus drug education places on young women rather than young men, one could also ask whether this emphasis on gender is intended for young men and women equally.

Importantly, in these examples gender is enacted as a series of biological traits that form part of the set or person and thus interact with the other stable ingredients of the drug experience triangle. Rather than giving prominence to broader social attitudes around gender, such as comportment, control and personal safety and responsibility, gender appears in lists that also include physical size, metabolism, weight, and food intake as part of the set or person. Perhaps unsurprisingly, this information suggests that young women should be even more wary of their consumption than young men. Through mention of, for example, higher blood alcohol concentration for female drinkers (DEECD, 2013) and risks of unplanned pregnancy (which the text constructs as purely a women’s concern), drug education enacts women’s biological constitution as an intrinsic risk factor in drug consumption. Gender is not understood to be part of the setting of consumption or the drug itself. Indeed it is listed at or near the top of every description of the individual person. As will become clearer, drug education enacts gender as an important concern that *some* people need to consider when consuming drugs.

The positioning of the drug experience triangle in *Get ready* (DEECD, 2013) indicates the next element of the role of gender in these texts I want to examine closely. In this resource the triangle appears on the same page as a section entitled “Women and alcohol” (there is no equivalent section in the document for men and alcohol). This section informs young people that women will “almost always” have a higher blood alcohol concentration after drinking the same amount as men. Young people are also informed about the increased risk of liver problems, breast cancer and “gynaecological problems” for female drinkers, as well as the influence of “hormonal differences” on reactions to alcohol (DEECD, 2013, p. 6). Again it appears that a focus on gender necessarily results in a focus on young women and biology and, as I will explore in more detail later in this chapter, ignores the vast amount of research that indicates that most alcohol-related problems involve men. In order to fully understand these dynamics I need to briefly return to another drug experience triangle and corresponding activity this time found in the Western Australian government’s *Choices: Alcohol and other drugs* (2009).

Gendering “settings” in drug, set, and setting

The triangle in *Choices* (Government of Western Australia, 2009) is unique in that it does not provide lists of important considerations under the headings drug, individual and environment. Instead it enacts the role of gender in more subtle ways. The activity based on this triangle, entitled “It depends”, requires young people to analyse particular combinations of drugs, people and places. For the purposes of this discussion it is important to consider what is meant by “people” in the activity. The list is made up of 20 different people so I will not reproduce it in full here. A sample, that I have organised into males and females, will suffice (Government of Western Australia, 2009, pp. 154-156):

Males

- 14 year old male new to the school
- 15 year old male who suffers from asthma
- 15 year old male who doesn’t drink alcohol
- 20 year old male uni [sic] student
- Tall, solid adult male

Females

- Teenage girl upset about splitting up with her boyfriend
- 14 year old female at her first mixed party
- 16 year old female who has drunk alcohol just once before
- 17 year old female recovering from a cold
- 23 year old pregnant woman

The individuals (sets) in the “It depends” activity thus emphasise the vulnerability of young women and the risks and dangers of any drug consumption. Drug consumption for the young women referred to is enacted as additionally problematic in different ways. They are already in a stereotypically feminine emotional (irrational) state due to relationship problems or vulnerability (innocence) due to being new to such parties, or they are pregnant. Of all the male individuals enacted in this same activity, the “15 year old male who suffers from asthma” and the “14 year old male new to the school” are the only two that gesture towards some vulnerability.

Importantly, it is health and status as a new student that appear as risk factors in drug consumption. Although, the “17 year old female recovering from a cold” could be compared with the young man with asthma in this regard, the combination of other vulnerable young women suggests female consumption is inadvisable. Considering this, it is perhaps no surprise that a “tall solid adult woman” does not appear here. This example points to an inconsistent or at least contrasting understanding of the role of gender in the drug consumption experiences of young women and young men. Young women’s femininity appears as an inherent risk factor in their drug consumption experiences. Their status as young women is enacted not only as a danger but a *problem* to be managed. Young men’s gender or status as male subjects is not focused upon with the same enthusiasm as young women’s. This is particularly surprising in that masculinity usually appears as a negative, violent and dangerous force in drug education.

Regardless, masculinity here appears as a neutral subject position, something that does not have to be accounted for by young men, and one that most certainly does not need a special section dedicated to it. The risks faced by young men partaking in drug consumption stem from agencies outside of the self. In this particular example, illness and a lack of friends, rather than some essential quality of masculinity, increase risk.

It is interesting that drug education enacts this gendered reality despite data that suggests men are more likely than women to be problematic alcohol and other drug consumers. Men, for example, are more likely to have consumed illicit drugs than women in Australia (18.1%

compared with 12.1%). Men are also twice as likely to exceed alcohol consumption “lifetime risk guidelines” than women (26% compared with 10%) (AIHW, 2014). Illicit drugs and alcohol also contribute to death and disability among young men at twice the rate of young women (12% compared with 5%) (Australian Bureau of Statistics, 2009). Similarly, epidemiologists have shown that death from acute “alcohol-related” harms is much more likely to be experienced by men than women (Chikritzhs *et al.*, 2003). Given this research, it seems that masculinity could just as easily or even more easily be enacted as a special case requiring concentrated focus. In fact, it is fair to assume that drug education working within a social norms paradigm (discussed in Chapter 4 on decision-making) would provide such data to young people to inform their drug consumption decisions. However, as I have been arguing throughout, drug education remains inequitably focused on young women despite significant amounts of data that suggest an interest in young men is important.

In the enactment of gender in the drug experience triangles, it appears “gender” operates as it has done in many other official contexts, as a stand-in for women without any acknowledgement of the political implications of such claims (for a discussion of the way drug research about “people” often treats men and masculinity as the norm, see Fraser & valentine (2005), and for a discussion of some of the unforeseen results of enacting women as a “special population” in drug treatment and research, see Martin & Aston (2014)). Gender is consistently presented as a consideration and a risk factor in the interplay with drug and setting for young women in a way it is not for young men. In this respect, these documents *teach* young people that young women must be aware of the risks that stem from their gender and are wholly responsible for the harm that is most commonly constituted as stemming from the actions of young men. This focus also reinforces the longstanding treatment of maleness as the norm and femaleness as a variant. Finally, and somewhat confusingly, young men are taught that gender is none of their concern.

Here it is worth briefly returning to Bacchi’s (2009) argument that problematisations work to determine possible material solutions. If, as these documents assert, femininity is the key problem in youth drug consumption, and this consumption is the result of individual failure to make rational decisions, then solutions to this problem must be concerned exclusively with young women. Accordingly, increased self-surveillance, restrictive expectations of comportment and sobriety and the individualising and responsibilising of experiences of harm for young women are reasonable solutions to this problem. These “solutions” come at the expense of a focus on the social relations, such as patriarchal violence and assault, that sometimes result in

young women experiencing harm during drug consumption. By enacting young women's consumption as a central problem, these documents create an opportunity to police their consumption practices and actively divert attention away from young men's conduct and broader gender inequality. As such, they actively contribute to reproducing patriarchal entitlement and even violence.

The limits of an exclusive focus on “set”

Another important point raised by my analysis concerns the exclusive focus on gender in the element of set or the individual. By enacting gender exclusively as a component of set and not setting, these documents efface an important element of Zinberg's (1984) original model. Zinberg argued that settings include both the immediate space of consumption *and* broader cultural values. This argument provides an opportunity to analyse the gendered nature of settings. Measham's (2002) article on the drug consumption of young female club attendees in the UK is helpful here. Working with but moving beyond Zinberg's model, Measham argues that the gendering of both set and setting is central to drug experiences. In contrast to the documents analysed here, Measham's (2002) article emphasises the cultural construction of gender in her account of the drug, set and setting.

A consideration of ongoing socio-cultural change in terms of drug-related attitudes [...] shows how women 'do drugs' differently from men within the wider cultural context of gendered drug use, evident in the drug experience and mediated through the combined effects of drug, set and setting. (p. 349)

As seen in other research (for example, Holloway *et al.*, 2009; Leyshon, 2008; Lindsay, 2006; Waitt *et al.*, 2011), Measham (2002) points to the gendered nature of both the immediate setting of consumption and broader social expectations tied to gender. This same complexity is only gestured towards by the mention of the “first mixed party” (p. 156). However, rather than discussing the potential gender dynamics of a party setting, the young woman is again enacted as a risk factor herself. Measham argues further, and in doing so pushes beyond Zinberg's earlier insights, that in the process of “doing drugs” women can be understood to be “doing gender”. From this perspective, drug consumption is part of the articulation of gender. In turn, discourses that shape women who consume drugs, such as the notion of an intoxicated “failed femininity”, affect drug taking practices (Measham, 2002). An essential point here is that young women and young men are not simply affected by gendered drug consumption locations but themselves

enact gender through particular drug consumption practices. Measham's example of a young woman consuming "dance drugs" to help her dance for extended periods in an effort to lose weight is one example of the ways consumption practices can play an important role in the enactment of normative gender expectations (2002).

Comparable gender dynamics appear in a more recent study of the gendered socio-spatial practices of young women's "nights out" drinking in Wollongong, Australia (Waitt *et al.*, 2011). Working with a performative theoretical framework, Waitt *et al.* (2011) conceptualise the social spacetimes of pubs as enacted through expectations, apprehensions, material relations, and the managing of self-agency. Some participants in this study discussed the highly (hetero)sexualised atmosphere of a certain club, which stemmed in part from the affective ambience created by darker lighting and music choice. These young women felt that attending such a venue compromised their reputations as respectable, orderly feminine subjects. As such, this particular arrangement of the club spacetime worked to enact gendered abject subjectivities (Waitt *et al.*, 2011). The participants in this study also emphasised their attempts to carve out private drinking spaces within public pubs and clubs. These spacetimes allowed for more intimate drinking practices and sociality, and the enactment of femininity in ways usually thought to be inappropriate for public venues. However, the ability to assemble such events was often under threat: "The young women in this study also noted attempts from drunken men to assert themselves, routinely disrupting women's control of space through physical and verbal interventions, and engendering discomfort" (Waitt *et al.*, 2011, p. 268). This intrusion into these private spaces-times emphasises the importance of gender dynamics for discussions of the environments of consumption. In this instance, young women actively shaped spacetimes in such a way as to allow themselves the pleasures offered by contravening the expectations of normative middle-class, respectable femininity. This process needed constant reassembling, however, due to the intrusion of men in an otherwise highly masculinised public venue. Importantly, this research suggests that the decisions young people may make about how and where they choose to consume drugs are closely implicated in embodied gender enactments (Waitt *et al.*, 2011). In contrast to the model of setting in drug education, it appears gender is a *process*, one in which people, gender, environments and drugs are co-constituted simultaneously. In this sense gender should not be approached as a force "outside" of consumption that imposes itself on it in a stable or homogenous way. Rather, gender is co-produced by the coalescing of different bodies and affects which together produce subjects, substances and spacetimes (Waitt & Clement, 2016). It is through consumption, education and all other practices that bodies are

sensitised to affecting and being affected (Latour, 2004), and the force of gender emerges and becomes present.

Rather than attempting to account for these complex gender dynamics, Australian drug education enacts gender both as biological sex and as a stand-in for young women, whilst effacing the co-production of gender with particular drugs, sets and settings. In doing so young women who consume drugs are wholly responsibilised for any harms they encounter and are enacted as more risky and more abject than young men. Young women must be extra vigilant of themselves and their *female* friends because they are intrinsically at risk from drug consumption. Much like the drug experience triangle I analysed in Chapter 6, another opportunity is missed here. The triangle I analyse and Zinberg's original both logically suggest that a focus on broader societal attitudes to gender, morality and consumption are important, yet these do not appear in drug education. However, as I argued about the continued focus on individual decisions and drugs in drug education, this limitation stems at least partly from the siloing of drug, set and setting in Zinberg's (1984) original model. Although Zinberg emphasised cultural values and immediate environments, his model logically leads to notions of drug consumption practices in which different stable elements (drugs, sets and settings) interact with each other in reliable ways. This approach is blind to the dynamic emergence of drugs, sets, settings and—of particular importance for this chapter—gender, that are themselves assembled anew in every enactment. Such an approach suggests that gender (along with many other agencies) is not ontologically distinct from drugs, sets and settings. Rather it can be understood as an emergent force, unique to the particular assemblage in which it emerges.

Conclusion

In this chapter I identified and tracked the co-constitution of gender in the problematisations of decision-making, peer pressure and setting identified in previous chapters. I found that gender profoundly shapes each of these concepts in highly problematic ways. I argued that the list, analyse and decide model of decision-making works to constitute abject feminine subjects that have failed to adhere to normative expectations of orderly femininity. Indeed, one of the “problems” presented to young people to “analyse” is femininity itself. A similar problematisation was not made of young men and masculinity. I continued my analysis of these dynamics via a discussion of the gender of peer pressure, arguing that drug education selectively enacts peer pressure as the motivation for drug consumption. I noted that unlike young men, young women are not enacted as deciders in need of protection; instead, they are wholly

responsibilised for harms they experience. I developed this point further through a discussion of drug effects. Drug education often enacts sexual violence as an effect of certain drugs, thus moving responsibility away from the (male) perpetrators of sexual violence. I then moved on to consider the action of gender in drug education drug experience triangles and the notion of drug consumption settings more generally. I argued that the triangle models continue the trend of exclusively focusing on young women in discussions of gender. I moved on from here to question the utility of a concept of setting that understands drugs, people and settings as ontologically distinct. I argued that many of the shortcomings of the understanding of gender stem in part from this ontological separation. I will now summarise each of these discussions and return to Deleuzian concepts to consider alternative treatments of gender available to drug education.

The enactment of gendered abject subjects is integral to the constitution of decision-making in drug education. Young bodies are provided with a series of exemplary regretful abject subjectivities to which an idealised neo-liberal young person would say “no”. Normative notions of femininity and masculinity are integral to these enactments of abjection. Young women who are sexually assertive or actively seek pleasure are morally judged as improper and uncontrolled. These same young women are also individually blamed for the violent actions of others (young men). Young men are not judged in the same way and instead must only say “no” to physically risky drug consumption practices. That is, young men must abstain from drug consumption as it may cause them to compromise their physical health, for example, being hit by a car or partaking in a fight. Importantly, for young men the intelligence of certain decisions—judged according to their potential practical implications (physical harm)—is what is brought into question. These enactments do not question the *character* or *moral worth* of young men. These are different ways in which young women and men can find themselves stalled, temporarily or permanently, in adolescence (Wyn & White, 1997). If drug education were to begin to move away from these inequitable models and prejudiced messages, a more effective and ethical notion of decision-making could be developed.

Drug education would be well equipped to begin to move past the issues I have identified in this chapter if it began working with the concepts of becoming, affect and assemblage. Firstly, decisions can be re-conceived as processes that flow out of assemblages of drug consumption. As such, certain assemblages make certain options for action available and desirable. In presenting these more complex narratives of decision-making, it is essential that drug education

ceases using sexist narratives of the moral failure of young women. The conceptual move I suggest pushes beyond such rigid moralised narratives based on untenably rigid and generalising gender categories. Instead, the ethics and morals of actions need to be understood in their local complexity and not according to transcendental moral structures that enact young women as problems in any and all drug consumption events. Such a move would also need to account for the importance of male responsibility in drug consumption assemblages (later in the concluding section I will touch on how this focus must be done in a way that accounts for the assemblage of forces constituting responsibility rather than a focus on individuals alone). Rather than ignoring the agency and responsibility of young men, they would appear as integral concerns in drug consumption events in which they are involved. This ethical move is essential not only to reduce the individualised blame of young women for patriarchal violence they experience but also for the new masculine becomings it could make available. By reassembling masculinity and young men's drug consumption practices, drug education can contribute to new becomings of friendship, communication, intimacy and shared affective experiences emphasising responsibility for others (Farrugia, 2015). Through presenting these narratives of consumption and thus assembling femininity and masculinity in ways other than according to sexist stereotypes of fallen women and physically risky uncontrolled masculinity, drug education may start to contribute to the reduction of the harms produced through normative or hegemonic masculine consumption practices (for examples of hegemonic masculinity and consumption see, H. Campbell, 2000; Courtenay, 2009; de Visser & Smith 2006; de Visser & McDonnell, 2013; de Visser, Smith & McDonnell, 2009). Importantly, this change would begin to acknowledge some young people's experiences of enjoying the pleasures of contravening gendered codes of behaviour despite the call for them to "regret" doing so (see, for example, Brown & Gregg, 2012).

The notion of peer pressure is indicative of Australia's social anxieties and confusion about youth sociality, working to enact young drug consumers as both failed decision-makers and innocent victims of the wrong crowd. This thinking suggests that although young people should be blamed and punished for failing to say "no", we should also be considerate of the significant social pressure that forces or tricks them into making poor decisions. These same considerations are not made, however, where young women are the focus. The young women who appear for analysis in the problem scenarios are no longer pressured victims but instead "offensive" failed women who have made the immoral, regrettable and disgusting decision to consume drugs or act on their sexual desires. Even when these young women appear to be in what would otherwise be conceptualised as a peer pressure situation, such as Roni's friend and the group of young men

with mobile phone cameras, drug education focuses on them exclusively. Outside of the occasions when scenarios are presented in which young men are pressuring each other to partake in drinking and drug consumption, young men are not enacted as having responsibility for those around them. Thus, young men are generally not conceptualised as having a role to play in the safety of young men and women in their company. It seems that even when sexual violence occurs, perpetrated by young men, willingness to identify their responsibility is absent. Instead, responsibility for such actions is placed on the drug rather than the attacker. This is particularly troubling because when drugs are identified as the explanatory force for violence, the underlying gendered power structures remain unquestioned (Bernhardsson & Bogren, 2012).

Designers of drug education need to think hard about the territorialisations of young bodies and drugs they enact. Drug education's current territorialisation of young women who consume drugs as abject failures has very serious repercussions. Rather than enacting young drug-consuming women as multiple becomings with modulating agential capacities, drug education currently territorialises them as singular beings wholly determined by their drug consumption and unworthy of respect except within the narrowest of bounds. In this instance, this drug consumption seems to justify any violence and harm these young women may experience (Abrahamson, 2006; Finch & Munro, 2007) (for analysis of different approaches to gendered violence that attempt to attend its complexity, see Walklate, 2008). The lesson of these activities suggests that if women simply choose not to participate in drug consumption and thus protect their own feminine reputations they would not put themselves in these dangerous situations. Drug education also enacts the agency of drugs in such a way as the substances become so powerful that those young men who perpetrate sexual violence while consuming them are exempt from responsibility and blame. This works to de-gender sexual violence and again blame young women who may be its victims while consuming drugs. It is not a large conceptual leap to suggest that these territorialisations and the material realities they enact are contributing to gendered social harms often simplistically understood as "drug-related".

In my discussion of gendered settings I further questioned the inconsistencies in the enactment of young women's and young men's pleasure-seeking and drug consumption practices. Especially relevant for this section is the way that drug consumption contexts and settings are necessarily gendered (Holloway *et al.*, 2009; Leyshon, 2008; Lindsay, 2006; Measham, 2002, 2004). I argued that drug education's current notion of gender as a biological state relevant only for the person (set) of drug, set and setting fails to give enough prominence to broader social attitudes around

gender. From here I further criticised the exclusive focus on young women that responsibilises them for harms they experience, including sexual violence, when consuming drugs. Drug education currently enacts gender (femininity) as a discrete and unavoidable risk factor in young people's drug consumption. If we were to instead think of the role of gender through the figure of the assemblage, our lens of analysis would stretch beyond individual biological bodies. Gender, or being a young woman, only becomes a risk in particular drug consumption assemblages. It is not an essentialised trait of femininity that is the risk but instead the bodies, affects and practices that may result in placing young women in danger. For example, the young woman's experience at her first "mixed party" need not be one defined by danger. One could argue that it is only certain practices, such as predatory or violent sexual behaviour by other people (young men), that results in this experience of danger. Young masculinity can be thought of in the same way. Young men are not intrinsically dangerous for young women but certain assemblages of bodies, discourses, affects and practices enact young male bodies in ways that contribute to patriarchal violence. Yet, this too would be too singular. An assemblage account would also need to map the affective environment, physical arrangement of space, the time of the event, broader attitudes towards young women's drug consumption, and the availability of transport, as well as many other associations through which certain enactments of masculinity and femininity become possible or likely. This is an analysis that would attempt to attend to the specificities of the constituent bodies that flow through the assemblage (Currier, 2003).

One way of reading my analysis is to see it as a call for increased focus on male responsibility and patriarchal violence. Indeed, this is one significant omission in the realities drug education currently enacts. The use of the assemblage, however, could be interpreted as deflecting attention away from male responsibility to instead focus on a wider array of agencies. Through my analysis of decision-making, peer pressure and setting, I have argued that a focus beyond individual people or settings is an essential direction for future drug education. This is not to say that young men should not be enacted as responsible for their actions, but that using the figure of the assemblage, we can see that drug education should also be held responsible for the realities it enacts and the subjects it assembles. Currently, this includes contributing to the enactment of a masculinity that exonerates for the perpetuation of patriarchal violence. The call for a focus beyond the individual can be performed in a gender-sensitive way. Assemblage analyses look at the way specific technologies, spatial-temporal arrangements, discourses and a whole range of other bodies are configured in processes of assembling and the kinds of masculine and feminine bodies these specific assemblages enact (Currier, 2003). In this way, masculinity and femininity

are conceptualised as intrinsically vulnerable or open to being affected and changed. By approaching drug education and gender from this perspective, we can hold it (and young men) to account for the realities enacted while also opening up the possibility for drug education and masculinity to be enacted differently. A focus on male responsibility is one extremely important step, yet this change should be performed with an eye for whole assemblages of reality that make these changes possible. Providing young people with the kind of analysis I suggest would begin the important work of both accounting for the complexity of drugs, gender and localised gendered violence while never placing the blame or responsibility of such violence on the victims of it, namely young women. As I have noted repeatedly throughout this thesis, if Australian drug education fails to move in these necessary directions it will contribute to the harms it purportedly seeks to reduce.

Chapter 8: Parties: Assembling decisions, pressures and gender in context

Over the last four chapters I have mapped four problems that together enact a concept of youth in drug education: decision-making, peer pressure, setting and gender. In doing so I argued that drug education constitutes young people as future rational decision-makers who must negotiate peer pressure in risk-laden drug consumption settings. I argued further that these young people are partially constituted through unexamined and unhelpful stereotypes of femininity and masculinity. In this chapter I bring all these findings together by turning my attention to specific enactments of drug consumption settings in drug education: parties.

My discussion of parties acts as a case study of a drug consumption assemblage that appears in drug education. It looks at the ways in which all four aforementioned problematisations are enacted together in accounts of young people's sociality. I discuss the "kinds" of people who are assumed to populate parties and look closely at how settings and parties are thought to "act" in youth drug consumption events. After discussing the limitations of current accounts, I revisit and nuance a select group of Deleuze and Guattari's (1987) theoretical tools (already introduced in Chapter 2) in order to argue that they can provide a more ethical and useful account of party-assemblages.

As emphasised throughout this research, the resources discussed here are designed to be teaching materials for young Australians. They purport to be authoritative accounts of drug consumption from which young people can learn, and are delivered in settings that require student attention and compliance. A close and careful reading of what is currently being taught in drug education is an essential part of any discussion of how young people should be educated about drugs and drug consumption. Given most of the attention drug education receives in contemporary social science is concerned with its effectiveness, it is unsurprising that an analysis such as this one has not been performed on drug education materials before (for exceptions, see Farrugia, 2014, in press; Leahy & Malins, 2015). Importantly, my analysis highlights significant ethical problems in Australian drug education that, unless amended, suggest current approaches to educating young people about drugs are much more likely to increase social harms (far beyond those traditionally thought of as "drug-related"), than reduce harms, drug-related or otherwise.

Sociological work on drug consumption and parties tends to focus on the meanings and experience of *partying* for young people rather than a close mapping of party events. This body of work also takes alcohol consumption as the main focus (see, for example, Borlagdan *et al.*, 2010; Northcote, 2006; Sande, 2002). A careful mapping of affective dynamics, space, time, bodies and drug consumption in party events or assemblages has not been performed. Such work has been done on drug consumption and clubbing (Bøhling, 2014; Malbon, 1999), raves (dance parties) (Moore, 1995), music festivals (Dilkes-Frayne, 2016), and the gendered experience of pub spaces (Fileborn, 2012; Leyshon, 2008; Lindsay, 2006; Waitt *et al.*, 2011), but the party itself has not been an explicit focus for sociological research. This being the case, I introduce the following discussion with a review of the work available on parties and the experiences and meanings of partying. I couple this literature with related sociological research on clubbing and raves in order to supplement my insights into the key dynamics of partying practices.

Young people's partying practices have often been analysed as modern rituals or "rites of passage" (Northcote, 2006; Pedersen, 1994; Sande, 2002; Turner 1990). In these accounts, the party is conceived as a site or process through which young people reflexively move from an uncertain social status or liminal space (Northcote, 2006) into clearer, more certain subjectivities such as that of the "adult". Sande (2002) argues that Norwegian youth use week-long secondary school graduation parties orientated around drinking and partying to do this. First, the party allows them to become detached from society, and then they re-emerge as adults with new opportunities. Northcote (2006) makes a cognate argument in the Australian context. Northcote understands clubbing practices as "quasi rites of passage" in which young people move between and explore different structural identities while also reaffirming their personal relationships (p. 1). Such accounts of parties as rituals or rites of passage often point to the way traditional markers of transition have declined in contemporary Western industrialised nations (Northcote, 2006; Turner, 1990). In this context young people are understood to construct their own meaningful rituals, often performed with a reflexive distance (Northcote, 2006). From this perspective, young people intentionally and reflexively assemble leisure domains in which structural responsibilities based around family, career, gender and ethnicity can be set aside and dealt with on another day (Northcote, 2006). These rituals, then, are understood to be primarily about bolstering friendships and relationships (Pedersen, 1994). Here contemporary partying practices are conceptualised as specific forms of ritualised sociality that create feelings of togetherness.

Working with these insights, Demant and Østergaard (2007) suggest one way of approaching the party:

the party can be approached as an event with everyday characteristics [...] [it] can be seen as a reflexive practice where adolescents combine traditional and modern aspects of a ritual in constructing the party event [...] the party can be seen as having both a collective (subcultural) and individual function in modern society. (p. 519)

In this analysis parties are both ordinary and extraordinary events in which young people enjoy hedonistic pleasures and the forging of new social relationships. They are part of the structure of everyday life but also extraordinary events in which new possibilities and experiences are made possible. Through drinking alcohol and gathering in groups, the participants in Demant and Østergaard's (2007) research were able to enact spaces in which friendships were reaffirmed and new social bonds became available. By enacting partying spaces or "zones", young people are able to develop new opportunities to act differently. This account stresses that parties and partying provide young people with events in which they can experience new selves and socialities (Borlagdan *et al.*, 2010; Demant & Törrönen, 2011). Shared experiences of intoxication are an important part of these new experiences of the self and others.

Borlagdan *et al.* (2010) point to similar dynamics in a study on young Australians who drink alcohol. They argue that young people demonstrate their identities and group memberships by displaying a "commitment to the party". This commitment is displayed through partying practices such as drinking, dancing and socialising in ways that are commensurate with the peer group (Borlagden *et al.*, 2010). Through this same commitment, young people are also able to display a fun, spontaneous and social youthful identity. Although the research reviewed here does not map in detail the affective dynamics of parties and partying, it offers important insights for my analysis. In particular, it points to the heterogeneous nature of parties as both everyday and extraordinary events in which new possibilities for being oneself and being with others are emphasised. My next concern is the importance of gender in these experiences of the self and others.

Gender emerges in different ways in this literature on parties and partying. A tension can be identified between parties and partying, allowing expressions of gender experienced as new whilst also reinforcing damaging normative expectations. Borlagdan *et al.* (2010) explore this

tension in their analysis of partying and alcohol consumption. For the participants in their study, drinking and partying events are often saturated with normative gendered expectations. The notion that young men are “soft” if they do not drink to excess is one example. Young women also negotiate complex dynamics in attempts to be considered “good” girls, rather than “bad” ones, when drinking. This explicit role demarcation operates to monitor appropriate feminine drinking practices and censor alcohol-related behaviour considered inappropriate. However, both young women and young men discussed using intoxication or the appearance of it as an excuse for acting in ways they would otherwise have not felt comfortable doing (Borlagdan *et al.*, 2010). In this way, parties and partying practices both enforce normative gender expectations while allowing young people to reflexively perform different masculine and feminine selves. Comparable dynamics appear in Demant and Törrönen’s (2011) Danish/Finnish study; here, young women explicitly discussed enjoying different games of self-presentation. These games included “exceed[ing] the controlled bodily boundaries of everyday life by breaking with its routines and rationalities” (Demant & Törrönen, 2011, p. 1251). The breaking of these rationalities included expressing sexuality in new ways and making sure other young women and young men appeared to be sexually interested. Enactments of gender are intimately a part of young people’s partying practices.

Significantly, studies on dance clubs and club culture identify comparable dynamics. At the onset of the rise of raves and dance clubs in the mainstream, some female attendees felt clubbing and electronic dance music scenes provided a space in which to practice hedonistic pleasures safe from some of the aggression and harassment prevalent in more traditional alcohol-orientated night-time establishments (Henderson, 1993). As argued by Moloney and Hunt (2011) much more recently, however, both male and female rave attendees are often held accountable to normative expectations of gendered comportment. For example, male participants in their research spoke of monitoring the drug consumption of their female friends to make sure they did not do anything that they would “regret” later, and they themselves had to be careful to avoid performing “inappropriate masculinity” by showing too much emotion or affection. These studies emphasise that, like partying generally, the experience of clubbing and dance parties is intimately related to gender. Parties, then, are not populated by “young people” but rather by young gendered subjects that have to negotiate certain expectations accordingly. These studies indicate the importance of an awareness of gender dynamics and performativity when analysing specific drug consumption events such as parties. This is an explicit focus of the analysis of drug education to follow.

Temporality is the final force within parties I discuss before moving onto the drug education documents specifically. The workings of time emerge as an important element in Törrönen and Maunu's (2007) research. They argue that during fun nights out together, young people are able to "transition away from the linear time of the individual, into the cyclical time of the group" (Törrönen & Maunu, 2007, p. 379). This experience of time is exceptionally important in that establishing a new temporal orientation appears to be part of the "purpose" of a night out. Moving away from linear goal-orientated time into a cyclical time orientated towards the common activities of the group renews social bonds. Alcohol is important in this experience as it helps the participants to transition into cyclical time, softening the borders of the self, and making partygoers more at ease with the "common will" of the peer group (Törrönen & Maunu, 2007). Other literature on parties and partying does not discuss time; this may be due to the focus on other social meanings of partying rather than the mapping of party-assemblages. As I will suggest in the next section, however, time is an essential focus for research on space and partying and research on youth parties may well be improved if time and space were given equal attention.

Unlike the "party literature", research on clubbing and raves does highlight some important temporal dynamics. Siokou (2002) and Siokou and Moore's (2008) research on clubbing and raves helps detail the importance of temporality. According to Siokou (2002), the young ravers in her research actively sought a "vibe" or "collective consciousness" in their partying and rave practices. This collective feeling was felt to lower social barriers based on age, ethnicity, sexuality and class (p. 16). However, enjoying a rave and feeling the vibe is also spatially dependent on the choice of venue, decorations and related notions of authenticity (Siokou, 2002; Siokou & Moore, 2008). Even when the vibe is achieved it is temporally limited, wearing off at a certain time in the morning (Siokou, 2002). This vibe, then, is made possible only in the rave spacetime and to a degree enabled by consumption of illicit drugs such as ecstasy. This rave spacetime also works to assemble certain subjects as part of the collective consciousness. Once the vibe begins to wear off and the rave spacetime changes, many of the social barriers previously lowered return (Siokou, 2002).

The importance of temporality appears again in Race's (2009) discussion of the rise and fall of the queer dance party scene in Sydney, Australia. Race argues that the temporality of the threat of AIDS, and the reduced life span an HIV diagnosis meant during the 1990s, worked to co-produce an attitude of living for the moment. This experience of reduced temporal horizons was

an intimate part of a social process in which people felt the desire to experiment with life and experience new pleasures and social relations. However, with the introduction of more effective antiretroviral therapies in the late 1990s, the temporality of HIV was dramatically altered. The desire to live for the moment took on different meanings and the pleasures of the party changed. Thus, Race argues, (medical) drugs were one significant force in the death of the queer dance party (2009). As discussed in the literature review chapter, and as emphasised by these few studies, although important, temporality has not frequently been attended to in illicit drug research⁸. However, some drug researchers do argue for a focus on place and time in drug research (Duff, 2014b; Fraser, 2006). Fraser's (2006) research, which I discussed in detail in the literature review chapter, is an example of this focus. As Fraser (2006) argues, space and time must be approached as mutually constitutive forces. According to Fraser, specific time and space arrangements do not just act as a background for illicit drug experiences, but actually shape each other and particular experiences, actions and subjects. Ignoring temporality leaves a key constituent of any phenomenon unrecognised. In doing so it also misses a potentially important opportunity for positive intervention or improvement. Attempting to account for the indivisible roles of temporality and spatiality in parties is part of the task of the following analysis of parties in drug education.

Although sociological work specifically concerned with parties is very limited, it raises some significant issues. Importantly, it suggests that these practices are both an everyday part of being young for some people and also extraordinary events in which new experiences are made available. Parties reinforce existing social ties while also making new social relationships possible. Likewise parties allow new experiences of the self to emerge, but they also reinforce normative expectations. The gender dynamics of parties are a very strong example of this multiplicity. Temporality also appears as an important element of partying and drug consumption settings generally. As discussed throughout this thesis, using the concept of the assemblage rather than a traditional account of setting enacts these elements as mutually constitutive. That is, they become and emerge together with the other bodies (human and non-human) that make up what we can

⁸ Existing scholarship on rave and dance party practices and music also provides good examples of temporal fluidity and the ontological co-constitution of different forces in drug consumption assemblages. This area of research further emphasises the importance of temporality in both linear and non-linear framings for understanding consumption events or assemblages (see, for example, Davis, 2004; Fitzgerald, 2015; Landau, 2004 and Saldana, 2004).

call the party-assemblage. From this starting point I begin my analysis of the enactment of parties in contemporary Australian drug education.

Thus far every chapter of this thesis has dealt with both classroom drug education resources and social marketing campaigns. In this chapter I use only classroom drug education documents as examples. This is because the social marketing materials engage with parties and partying in less vivid detail than the classroom resources. Parties are still figured in social marketing campaigns, such as television advertisements, as key sites for the dangers of alcohol and other drugs, and the following analysis has important implications for these strategies. However, the classroom resources provide vivid storyboards and narratives of parties that make illuminating examples of drug consumption assemblages. This may be due to the access to young people and their time that schools make possible. Such access creates opportunities for classes that include the reading of extended narratives and participation in role plays, something social marketing cannot do. The treatment of parties in classroom drug education is analysed using the same approach as in previous chapters. As I argue, drug education enacts the following specific notions of young people's parties and partying:

- parties are populated by “good” and “bad” people defined according to unexamined assumptions of social class, gender and comportment;
- parties are intrinsically hazardous; and
- parties are a problematic form of youth sociality.

In my analysis of the enactment of parties in these documents I draw together all the problematisations I have already identified and discussed in previous chapters: youth, gender, settings and drug consumption practices. I use the example of parties to explore how drug education understands the relationship between the various forces that constitute young people's drug consumption. Parties are perhaps the clearest example of a drug consumption assemblage offered in drug education. They illuminate the many different notions of what young people do with and to each other “on” or with drugs. Thus far I have analysed decision-making, peer pressure, setting and gender separately. Although I have consistently argued these concepts should be understood as mutually constitutive, I have separated them to allow a clearer and more detailed analysis. By drawing all these concepts together in this chapter I attempt to take the notion of the assemblage seriously. I actively attempt to move beyond this process of siloing that my heuristic distinctions could be understood to recreate. The party is a case study of a drug consumption assemblage in which all the problematisations that constitute youth in drug

education are understood to emerge together. Approaching parties in this way highlights the relations between these concepts and their mutually constitutive actions. This analysis is essential if we are to better understand the potential (or otherwise) of drug education to reduce harms traditionally understood to be drug-related.

Analysis: The party—Risk, danger and vomit

As I argued most explicitly in chapter 5 a key strength of current Australian drug education is the consistent enactment of youth consumption as a social activity. Yet, I also argued that these enactments of youth sociality are limited in important ways. Together, the chapters on decision-making and peer pressure explored the nuances of the enactment of youth sociality and drug consumption in drug education. Analysing peer pressure, I concluded the concept is unable to capture the complexity of young people's social relations. These discussions, then, were concerned with the way drug education enacts the influence young people have on each other and their decision-making processes. I also argued that drug education currently enacts damaging normative gender stereotypes. Young men are free of any responsibility for intervening in gendered violence or even for the violence they might perpetuate themselves, and young women are judged especially harshly for pleasure-seeking practices such as drug consumption. In this chapter I analyse the enactment of the settings in which this pressure is most commonly presumed to occur: parties. For my purposes the party can be considered a case study of a drug consumption assemblage. In conducting this analysis I touch on important elements that form the party-assemblage in drug education. I point to moralising narratives of regret and shame and the presentation of exemplary abject subjects. I combine this focus on the young people who attend these parties with an analysis of how drug education understands the agency of party settings themselves. By the end of this chapter I will have established in detail the ways in which drug education constitutes young people and their drug consumption practices. My analysis of the party-assemblage highlights the mutual implication of all these problematisations that, once assembled, enact realities of drug consumption. In doing so, I make clear the importance of understanding the process of co-constitution through which drugs, decisions, social relations, settings, gender and subjects emerge.

It is perhaps unsurprising that the party is the most prevalent consumption setting articulated in drug education, considering that it enacts all youth drug consumption as something out of the ordinary or as a special event. It seems that a focus on partying and special events implies that drug consumption is not, and cannot be, a part of normal or everyday life. This assumption is

further enforced through the way drug education constructs partying practices as problematic forms of sociability. Yet, as argued in previous chapters, drug education also conceptualises lone drug consumption or drug consumption in more mundane settings as indicative of a drug problem. Youth sociality and pleasure it seems, drug education struggles to grapple with. Much like the drug experience triangles discussed earlier, the parties that appear in these documents are events of youth sociality in which harm, danger and consequences are defining features. Drug education curriculum often provides messages and strategies about how to behave at parties. Some of these strategies, such as the hot seat activities and decision-making models, were discussed in detail in previous chapters. My current concern is how drug education assembles parties. What happens at parties? What do young people do at them? How do party settings affect young attendees? “What is the problem represented to be” at young people’s parties? (Bacchi, 2009).

My first example of a specific enactment of the party comes from an early school harm reduction resource entitled *Get real: A harm minimisation approach to drug education for primary and secondary schools*. This very early harm reduction resource, released by the Victorian state government’s Department of Health in 1995, comprises a large volume of information and classroom activities. One activity designed for secondary students entitled “Parties, pleasure and pain!” provides students with this example of a party:

Friends, I say, who needs them? Well, it's not so original but it's appropriate. Here we are at a party, supposedly having a good time. But what's happening? *What always happens at parties? Broken noses. Vomit. Holes in walls. Ruined friendships. Tears. Police.irate parents. Humiliation. Misery. Confusion.*

That's Millie. She's just split with Jed after eight months. And even if she still loves him, he's impossible. An idiot. A moron. A fool. *Just because Millie had a dance with Marco, Jed gets angry and tries to pick a fight.* But not with Marco. No way. Marco has been doing karate for too many years, and has biceps as thick as lampposts and a skull as thick as two bricks [...]

The party is at Amanda's. Her parents are away for the weekend. Try explaining this one away, Amanda. So Amanda flips her lid. She tell Millie, 'If you're stupid enough to go out with a fool like Jed, you're too stupid to be my friend.' *She then lets rip with a cross between a squeal and a scream, before locking herself in her bedroom.* Millie is left wondering whether she should feel sorry for herself, sorry for Amanda, or whether she should feel responsible, guilty or outraged? Should she stomp her feet or cry? She realizes somebody is yelling—obscenely—from the front garden [...]

Neighbours' heads appearing from behind curtains. Glad it's Amanda and not me, especially after the latest development—the police. I hate to state the obvious, but it was only a matter of time.

Kids are diving out of windows, stuffing peppermints down their gobs, *throwing bottles over fences, flushing all but human waste down toilets. It's chaos! And Eric has just about impaled himself on the fence.*

Amanda has her head out the window, telling the world to clear out. It's everybody's fault. We're all good-for-nothing [sic]. Sorry, missed the last bit. And you'll never guess what Millie's doing. She's decided it's all her fault. If she had been more sensitive, Jed wouldn't have drunk so much. She's trying to put her arms around him, but he's pushing her away.

Oh no! He's just taken a swing at her. He missed. Less fortunately, he did it in front of two police officers. Now he's doing his block, but the officer steps in. Suddenly, Jed vomits. All that food and a couple of shots of Scotch goes all over everyone. The officer lets rip with a few strong words of his own. Some folk might laugh, but not me. I just stay calm and keep to myself. Into the patrol car he goes.

Here come the neighbours, a lynching parting stomping down the street. When they arrive they seem a little taken aback by the mess. Sure, you can wipe away the mess but the smell is another matter. Everybody keeps looking at it. I can't help thinking what Jed's mouth must be like. Imagine kissing him. *I bet Millie's having a re-think. Then again, maybe she isn't.*

Well, everybody regrets what they've done now. Long faces and tears all around. Nobody owns the grog. Nobody drank any either. Must all be Amanda's. She's bawling her eyes out in between telling the neighbours to clear out and making accusations.

'And what about you, Robert?' she says, 'What's in your pocket?' Robert goes all white, or was it fluorescent? He begins to glow. Low trick, Amanda. *Now, it's line ball what she's going to regret more: having a party or dobbing in Robert.* The police have just extracted a foil from Robert's pocket. And there he goes, off to join Jed. Clunk. Slam. Marijuana and the police – not a good situation.

Parties, I can't work it out. (Victorian Government Directorate of School Education, 1995, p. 45, emphasis added)

Written in the style of young adult/teen fiction, this early example of the party articulates dynamics typical of the enactment of parties in drug education. Despite the title of the activity, there is very little pleasure here, instead young people's parties are settings in which young people are violent, vomit and generally cause harm to themselves and those around them. As in the risk ranking activities discussed in the previous chapters, we again read of young men partaking in violence and enacting hegemonic masculinity (Connell, 1995). In this example, young people are provided with an emphasis on Jed and Marco's muscularity and passion. Jed's violent actions stem from passion and jealousy, fulfilling now classic stereotypes of masculinity and desire, while Marco has biceps "as thick as lampposts". Vomit erupts again and does a great deal in this example. Vomit, as liminal matter, symbolises the transformation of the party from something fun to something dirty, disgusting, uncontrolled and regrettable (Lupton, 2015). Vomit, and the transition it indicates, is part of what "always happens" at parties: a defining force in the event. It is interesting that in this example young men's failure to comport themselves is expressed through the act of vomiting. This contrasts with the potential problem scenarios discussed in the previous chapter, in which vomit appears as a symbol of young women's failure to comport themselves appropriately (see also Farrugia, in press). In this example other feminine clichés are invoked: Millie's "squeal and scream" and subsequent decision to lock herself in a bedroom is based on very standard stereotypes of infantile, and emotional, rather than rational, femininity. Particularly troubling is the lighthearted way Jed's violence against Millie is presented. This is especially worthy of attention considering it seems to suggest that gendered patriarchal violence can be almost comic. Additionally, the narrative seems to suggest that the problem stems from police witnesses Jed's actions rather than the violence itself. The representation of such violence in this way could be read to indicate the age of this resource. *Get ready* (1995) is now over 20 years old and such a blatantly casual attitude to patriarchal violence would almost certainly be considered unacceptable in contemporary Australian education. Although more recent resources contain many problematic gender dynamics, examples such as this one do not appear. However, as explored in the previous chapter on gender, problematic attitudes to gendered violence continue to appear in more subtle ways.

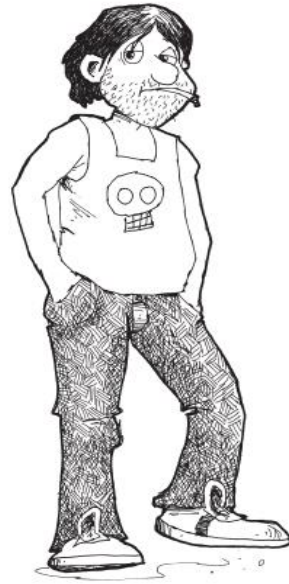
Continuing a theme identified in the contemporary resources discussed in Chapter 3, Jed only faces practical repercussions for his actions but his subjectivity is not compromised. Jed is taken into the police patrol car and (possibly) arrested. His worth as a subject is not brought into question in the same way the young women's is in the more contemporary examples discussed in the gendered problem scenarios. Also interesting is the "chaos" that ensues after the arrival of

the police. While the young people and the party are presented as the problem here, one could also interpret this “chaos”, at least partly, as stemming from policing practices. Perhaps Eric would not have almost “impaled” himself had the police not arrived? Recent research suggests that some law enforcement techniques, such as canine drug detection squads, can have similar unforeseen effects (Demant & Dilkes-Frayne, 2015; Race, 2014). For example, people in possession of illicit drugs have been recorded hastily consuming all their drugs (and thus risking overdose) in order to avoid detection by drug detection canines (Hickey *et al.*, 2012). Such hasty drug consumption could result in predictably regrettable results; however, this would be regret caused by outside disciplinary interference, not by the agencies constituted in the story. *Get Real* (Victorian Government Directorate of School Education, 1995) thus works partly through the pedagogy of regret (Brown & Gregg, 2012). For various reasons, the young people at this party have failed to list, analyse and decide appropriately. The causes of this failure appear to be frenzied incompetence enhanced by unruly, unthinking masculinity and infantile, emotional femininity. As I have argued is common in drug education, this narrative presents a series of abject subjects through which young people are supposed to learn what not to do and who not to become. Importantly, the story of the party focuses almost exclusively on the actions of the young attendees. In this instance, the narrative is blind to the role of setting and, despite the title of this activity, the pleasures of sociality offered at parties do not appear. A more recent example of a party further illustrates these dynamics.

Choices (Government of Western Australia, 2009) presents a party via an activity entitled “What helps keep us safe?” The learning goals of this activity are the identification of “potential hazards in a party/celebration situation” and the identification of “ways of reducing potential risks and harms with a view to staying safer at celebrations” (p. 70). The title and focus questions alone work to constitute parties as risky events. However, it is important to acknowledge that the term “potential” at least gestures towards the possibility that parties can occur without serious negative repercussions. Perhaps unsurprisingly, the following example is not an example of such a potential. In this activity students are presented with a storyboard of a party in which they are required to identify hazards. In order to make sense of the story we must acquaint ourselves with the young party attendees, depicted in Figure 5.1).



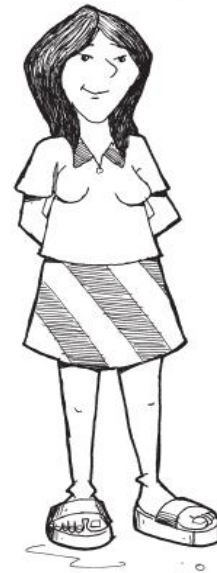
Nick – 17 year old Year 12 student. He enjoys playing sport and loves music. He has goals for his future. Nick has always lived next door to Chris. Even though Chris is 2 years older than Nick they sometimes hang out together.



Chris – is a neighbour of Nick. He's 19 and has just been put off from his apprenticeship as a builder. He's upset about losing his job and finding it difficult to get another one. He doesn't have many friends or interests but he is always ready for fun.



Tina – 20 year old who has just finished her beautician apprenticeship and started her first job. She enjoys a good time partying with friends. She loves to party.



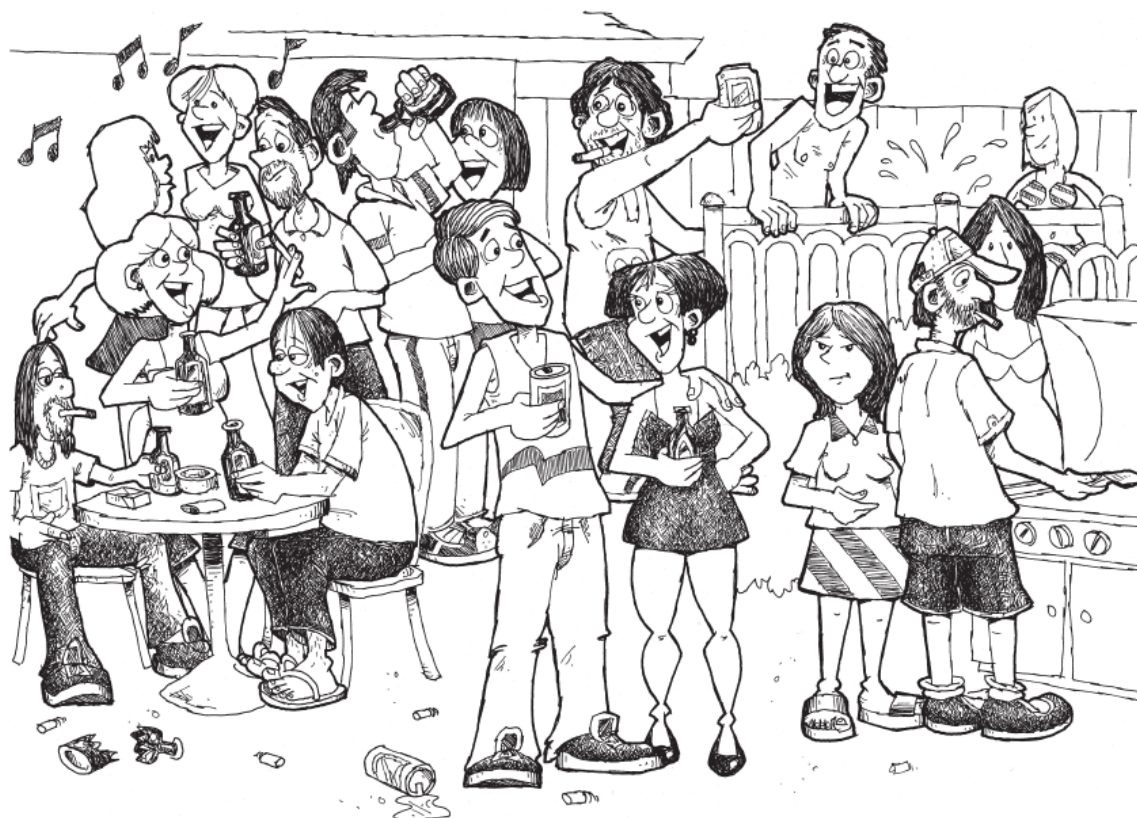
Lee – has migrated from Burma with her family 6 months ago and is at the same school as Nick. She lives in the same street as Nick and Chris. English is her second language.

Figure 5.1: Party attendees (Government of Western Australia, 2009, p. 68)

Nick (a student in year 12), is enacted as the perfect youthful neo-liberal subject. He enjoys sport and music and has “goals for his future”. The use of the notion of “future goals” signals that Nick is an industrious, ambitious and therefore worthy neo-liberal subject. His love of sport works to define him as a healthy and happy young man. Chris, on the other hand, is enacted as the antithesis of Nick. Chris is unemployed and does not have many friends. He is however, somewhat ominously, “always ready for fun”. This characterisation enacts Chris as a compromised neo-liberal subject. He is presented with a cigarette in his mouth, thereby emphasising his unhealthy lifestyle. Chris’s shabby appearance contrasts with that of Nick and the other characters. We read that Tina is employed as a beautician and that she “loves to party”. Her midriff top and high heel shoes emphasise her femininity and “party girl” persona. She is happy and carefree. Lee is a recently arrived migrant from Burma. She contrasts with Tina in her more conservative clothing. Lee is also enacted as vulnerable as English is her second language. Lee might be a less regular party attendee than Tina. Now that we are familiar with the young people themselves, we can examine what happens at the party—see Figure 5.2).

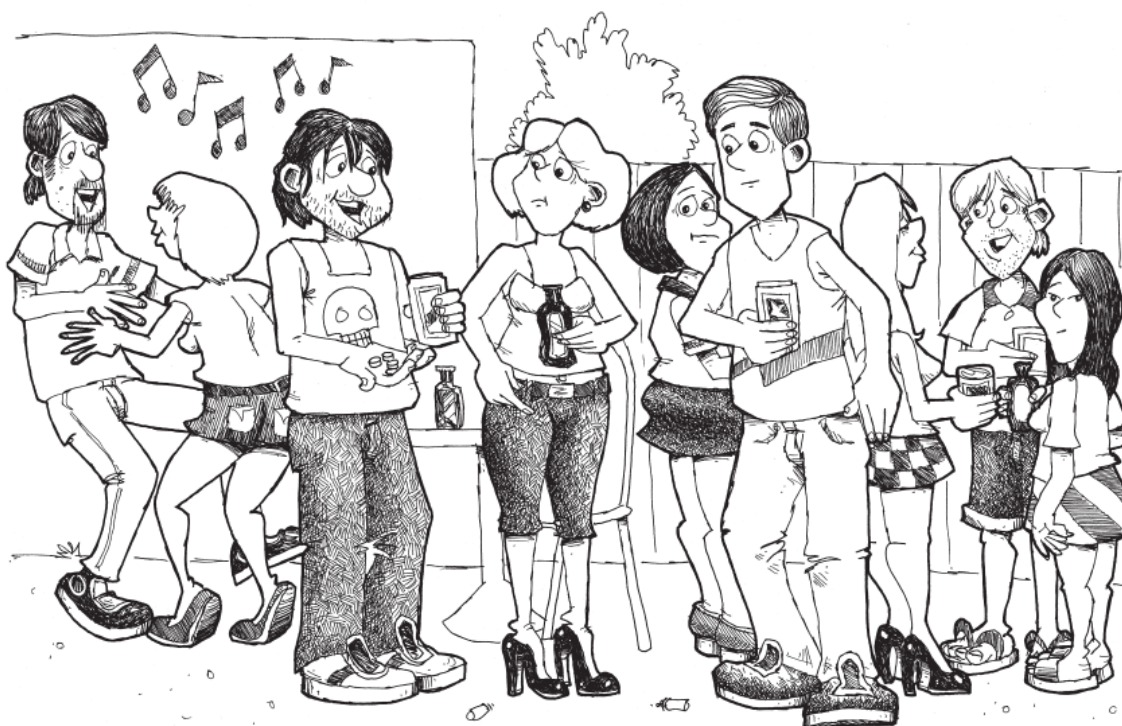
CHOICES: ALCOHOL AND OTHER DRUGS: UNIT PBHEA

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CHOICES: ALCOHOL AND OTHER DRUGS: UNIT PBHEA





66 CHOICES: ALCOHOL AND OTHER DRUGS: UNIT PBHEA

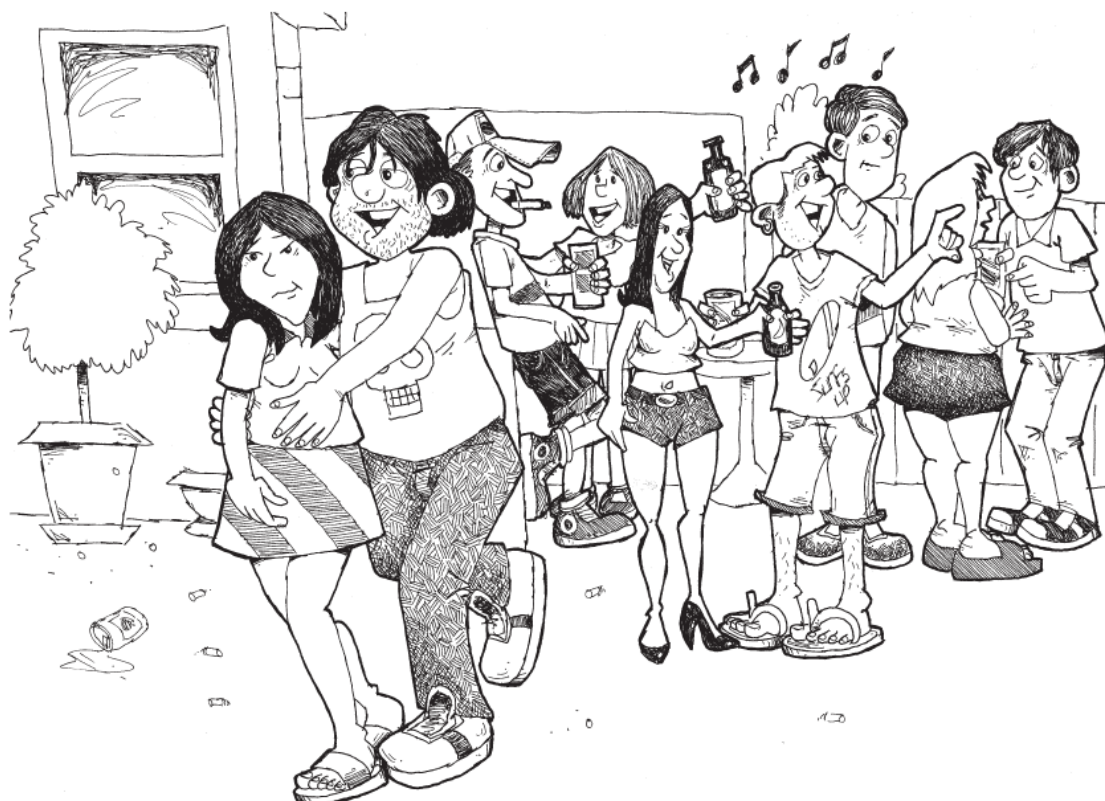




Figure 5.2: What helps keep us safe? (Government of Western Australia, 2009, p. 69)

The story of this party can be characterised as a fairly straightforward morality tale that contains several problematic assumptions. The first panel introduces the party. All four characters appear to be having a good time. This panel also includes risks and hazards identified in the teaching notes for this activity: broken glass, open footwear and people affected by alcohol playing near the pool and barbeque are all mentioned. In the second panel we see two people in the background who appear to be smoking a joint. Sitting in the background, they seem more passive than the other people at the party, isolated from their peers in a way reminiscent of the *Marijuana: What a waste* (2010) poster discussed in Chapter 5. Nick exhibits his healthy lifestyle in this panel by declining Tina's offer of a cigarette. Chris is talking to Lee. In view of the gender dynamics and risks that saturate these resources, Chris could be read to be "hitting on" or "chatting up" Lee. Lee is enacted as passive through her pose and the fact that at no point is the active participant in a conversation (i.e her mouth is never open). The third panel presents the most significant risk at the party. Chris puts Tina in the hot seat by inviting her to consume some unidentified tablets (potentially ecstasy). In this action Chris could be understood as "pressuring" other party attendees to consume illicit drugs. This possibility is developed further in the fourth

panel in which a young man appears to have “just said no” to Chris’s drug consumption invitation. However, given the gendered dynamics of the peer pressure concepts I identified in the previous chapter, this may not be such a simple peer pressure scenario. In this same panel Nick is shown to be increasingly concerned about the activities at the party. In the final two panels we see Lee leave, or potentially “hook up”, with Chris, and a character we must assume is Tina taken into an ambulance.

Chris is presented as the central problem or danger in this party. In this respect it is difficult to avoid the conclusion that, through enacting Chris as unproductive (unemployed) and unambitious (has no interests), this document attempts to teach young people to avoid potentially disadvantaged, unhealthy and abject subjects. People with untidy clothes and facial hair are a problem or danger here. Nick, on the other hand, has a well-kept conservative appearance and, importantly, “interests”. He is a perfect, careful, middle-class, classically free neo-liberal subject. Outside of drinking “responsibly” Nick does not use drugs, and although he does not intervene in Chris’s activities (in keeping with the general tenor of the resources, which emphasise repeatedly young men’s freedom to help nobody), he is concerned by them; but he is not burdened by them. Significantly, Nick does not become the protector when Tina is in the hot seat. Much like the examples in the previous chapter, Tina is punished for her “unfeminine” party practices. Her carefree attitude results in a dangerous decision and she is taken away in an ambulance as a consequence. It seems Tina should not feel as free from care as Nick. Had she said “no”, like the young man also offered the tablet, she would not have ended up in danger.

Again young women’s partying or pleasure-seeking practices are enacted as a problem. Unlike Tina, Lee is enacted as passive. Lee does not “do” much at the party. While leaving with Chris at the end of the party can be interpreted as a reasoned expression of her desire, her rationality is enacted as compromised, for who would really want Chris unless they were drunk? It appears she is drunk and needs to be supported by Chris. This works to further enact Chris as a problem as he is preying on Lee, and also enacts Lee according to the racist stereotypes of passive Asian femininity common in Australian school contexts (see, for example, Matthews, 2002). It is again important to note here that, in much the same way as the example in *Get Real* (Victorian Government Directorate of School Education, 1995), the setting of this party “does” very little. Although the activity requires the identification of potential spatial hazards at the party, the storyboard focuses almost exclusively on the partying practices of the individual attendees. Such an analysis misses potentially important elements of this particular party. For example, the mess

of bottles and cigarette butts on the ground could be experienced not as a risk but an important force in the party. If these are read on an aesthetic and affective register, the mess may in fact be part of what a party is. Walking around and on these objects can be experienced as a pleasurable part of partying co-constituting this form of sociality as a break from the routine of school and work (for a similar discussion of affect, syringes and the “shooting gallery” see, Vitellone, 2010). A similar point can be made about what appears to be a small backyard crowded with people. The reading suggested by the activity would again see this as a problem. However, this particular spatial-temporal arrangement and the close proximity of the bodies in it can instead be read as an important force for the pleasures of partying. Thus, an assembling of different bodies co-constitutes this party. Read in this way, the setting of this party is “doing” a great deal.

By undertaking the analysis in this way I have used these parties to act as case studies of the way drug education enacts drug consumption assemblages. Parties are understood to be dangerous drug consumption events defined by danger, vomit, violence and regret. None of the complexity discussed by the sociological literature on parties and partying reviewed at the commencement of this chapter appears in these accounts. Admittedly, aside from Turner’s (1990) and Pedersen’s (1994) research, this body of work post-dates *Get Real* (Victorian Government Directorate of School Education, 1995). Thus, the Victorian government’s Department of Health may not have had much research to work with in the design of *Get Real* (1995). Certainly as the work of Demant and Østergaard (2007), Northcote (2006) and Pedersen (1994) shows, parties can be understood in much more sophisticated ways, as events in which young people reaffirm current social ties and potentially develop new social connections. Outside of Chris and Lee going home together in *Choices* (Government of Western Australia, 2009) new relationships are not formed in these events. It appears that even with a significant body of research to look to, more recent Australian drug education still relies on popular “commonsense” notions of young people’s social relations that position them as disordered, incompetent and ignorant subjects (Moore, 2010). In fact, it appears that one of the central problems in these parties is not just drugs and the young people who take them, but youth sociality generally.

The limited reality of partying enacted in drug education

These enactments of parties provide the clearest and most comprehensive examples of the limitations in the ways Australian drug education understands young people’s rationality and decision-making, their high-pressure social relations, their roles as masculine and feminine subjects, and the interaction between the drug, set and setting. In the previous chapters I

touched on the tensions surrounding youth sociality and the role of peers as either exerting bad peer pressure or good influence. In the enactment of parties and settings there seems to be less uncertainty. Although Zinberg's (1984) model and the drug experience triangles unique to the education documents logically suggest that settings or place have agency—they “do” things to change experiences of drug consumption—the documents instead focus only on drugs and young people, and treat them as separate entities. These examples of drug consumption settings or parties present homogenous networks of risk and danger. New friends are not made. New experiences of the self do not emerge. Instead apparently commonsense stereotypical members of the wrong crowd (such as Chris) lurk in shadows hoping to cause harm to others. New gender practices are also actively discouraged. Apart from Nick who is rather (unappealingly) bland and passive, young masculinity appears almost uniformly as a problem that causes physical risks and poses a danger to the reputations of young women. As I argued in the previous chapter, In Australian drug education young women are wholly responsibilised for harms they experience from young men. Interestingly, in this example Chris is enacted as a problem for the other young women and men in his company. In describing Chris as unemployed and unambitious, gender and social class are co-constituted. Chris' status as a disadvantaged young man seems to be part of the reason his masculinity and interest in Lee is cause for concern. Unless both young women and young men comport themselves according to a very strict neo-liberal health regime (as does Nick), they constitute a problem to be managed. Rather than experiencing any pleasure or fun, the young women who break the normative codes of female decorum are not only morally judged in these documents but literally end up in ambulances. These documents assert that a practical option for Tina would have been to stand back, list all her options and associated dangers (Chris being a danger himself), enlist the help of a protector (probably Lee), analyse the pros and cons of each one and inevitably decide to refuse Chris's invitation. Exactly how plausible is such an account of decision-making at a party? Was Tina having a good time prior to the invitation? How well does Tina know the other party attendees? Would such an account make sense if drug education stopped assuming all youth drug consumption is a result of weak people being pressured by villainous individuals? These and many other questions are not accounted for in these example parties.

I do not ask these questions of party narratives to suggest that young women should be advised to accept unidentified tablets from people at parties, but that multiple narratives of drug consumption should be presented to young people and exaggeration should be avoided. Drug education should also move away from implicitly enacting the same kinds of normative

expectations that the participants of Waite *et al.* (2011) and Farrugia (2015) took great pleasure in contravening. A critical reader is led to ask what contribution drug education makes to a social climate in which young people need “excuses” such as being drunk to contravene, even only slightly, normative gender expectations (Borlagdan *et al.*, 2010). Where drug education binds conventional gender even more tightly, it helps create the need for excuses where escape is desired. Importantly, the consumption of illicit and licit drugs seems to be one accessible practice that loosens such ties. Currently, drug education does not approach partying as a meaningful set of practices with particular organising logics and pleasures, connection and sociality (and specific emergent risks) (see Race, 2015 for a similar discussion of HIV research and gay men’s health promotion). Articulating parties in this way undermines the potential relevance of drug education for young people, a possibility that is emphasised by research on the importance of pleasure in youth alcohol and other drug consumption (see, for example, Harrison *et al.*, 2011; MacLean, 2008). As such, it is essential to consider some of the potential repercussions of the realities enacted in these documents, as well as the costs of these omissions. Currently drug education can be understood to reassert the same kinds of gendered expectations that young people already spend great amounts of energy negotiating at parties (Borlagdan *et al.*, 2010). It also works to efface the potential for new experiences of the self and youthful sociality. In doing so, the accounts of parties and settings in Australian drug education would seem to contribute towards the very harms drug education aims to reduce. This does not mean that more heterogeneous accounts of partying, or at least ones that appear closer to those discussed by young people themselves, would inevitably lead to safer partying practices, but that in presenting these accounts drug education may make them at least *more* rather than *less* imaginable (Fraser, 2013).

Assembling parties

The sociological literature on parties, partying and clubbing explores many different aspects of partying practices, often acknowledging their complexity. This sociological point of view emphasises that it is unproductive to conceptualise youth partying using simplistic accounts of risk and danger and enactments of normative gender roles and abject marginalised subjects (see, for example, Borlagdan *et al.*, 2010; Farrugia, 2015; Northcote, 2006). If this is the case, the question for harm reduction drug education becomes how to attempt to account for the complexity of parties and partying in a way that can work towards reducing harm and potentially increasing pleasure. In an effort to develop more productive harm-reducing and pleasure-enhancing conceptualisations of the party, and consumption spacetimes more generally, that do not result in an attempt to stabilise and control discrete singular entities, I turn to three related

concepts developed by Deleuze and Guattari (1987): the notion of smooth and striated space, the process of de/re/territorialisation and, as underpins all their philosophy, the concept of the assemblage.

In his work on young people's cultivation of private space and negotiation of space in the Canadian city of Vancouver, Duff (2010) argues that young people "embed" spaces with affect and meaning through the practices that emerge within them. In doing so, the young people enact and are enacted by spaces which in turn develop an "affective atmosphere" (Anderson, 2009). This affective atmosphere is an emergent property of a space developed out of a particular assemblage of human and non-human bodies. Importantly, this is not simply about how a space "feels", but is also concerned with the material expression of a body's capacity to act, to affect and be affected, *in* a particular space (Deleuze, 1988). Duff's (2010) conception of space is one important element of his argument relevant for my analysis. Parties do not just occur in some abstract place; rather, certain practices work to make a space meaningful, which in turn affects what a body in the space can "do". Although Duff (2010) does not emphasise time to the degree that I wish to, I want to draw on his work to suggest that a party can be productively approached as the result of a series of practices that shape spatiotemporalities in ways that develop a particular affective atmosphere. Partying is a set of practices that are allowed or made possible by this process. Yet, the notion of assembling suggests that this point can be taken one step further. Duff's (2010) argument seems to indicate that a spacetime is an anterior set of relations in which practices can go on, and that "embed" the spacetime with affect and transform it into a "place", or for my purposes, a party. Such an account enacts spatial temporal arrangements as forces that can be qualitatively affected by bodies but are nonetheless ontologically distinct from them. Duff (2010) conceptualises spaces as sets of relations that express certain qualities and that young people can then in effect walk up to. Although this argument highlights some important dynamics, approaching spacetimes, bodies and practices as assemblages indicates a slightly different process from the one Duff describes here. If reality is made in practice, or enacted out of an assembling of bodies that are themselves assemblages, such a distinction between space, time and people becomes unstable. If practices, such as partying, are assemblages of relations that work to do realities (Law, 2011), it is this process that actually makes the space a temporally emergent reality. By assembling certain bodies in an event of partying, young people are bringing a space and time into reality and, as Duff so well describes, are affected by this process. What a body can do *with* a party-assemblage emerges out of this process. However, the spacetime of the party and the party itself are only possible or "real" in the particular co-constitution of bodies,

affects and practices that enact them. There is no party without the space and no space without the temporality of the party. The very time and space of a party is enacted through specific practices and arrangements of human and non-human bodies from which a party emerges, they do not precede it (Race, 2014). The notion of space, then, could be considered more an organising logic, a way of making sense of the multiple flowing and temporally restricted relations that define life, rather than a determinant physical area we walk into, on, through or out of. In an act of partying, then, young people are *making spaces and times* or more precisely assembling relations from which spaces, times and parties with particular qualities emerge. The practices that occur *with* a spacetime work to shape the assembled bodies into particular and temporary territories. All assemblages then create a territory (Duff, 2014b). However, this territorialisation is not a one-way progression but rather part of co-constitutive process of what Deleuze and Guattari call deterritorialisation and reterritorialisation.

De/re/territorialising party-assemblages

In the practice of organising and preparing or assembling a spacetime, young people can be understood to be both *deterritorialising* and *reterritorialising* sets of relations. For example, what was once a family home with a related assemblage of bodies, practices, spaces and rules is first *deterritorialised* and then *reterritorialised* into a party-assemblage with another, often very different, set of bodies, practices, spaces and rules. Does the parents' bedroom remain private? What goes on in the bathroom? How do people begin to make use of the garage, roof or backyard? Any act of de/re/territorialisation is a double process of becoming and un-becoming (Grosz, 2005). In the process of territorialisation a party-assemblage is formed, in relation to which all practices, most importantly drug consumption practices, are shaped. In this way a party event is a particular spatial and temporal occurrence in which bodies begin a process of becoming together; they are an assembling through which relations are enacted. This particular assembling and territorialisation *makes* the bodies, affects, drugs and practices that emerge in conjunction with it. Perhaps the process of assembling a party is better characterised as a temporal emergence, event or assemblage from which a territory and party are made rather than a specific place which then “inflects” them. By conceptualising parties as territorialised assemblages, drug education can attempt to account for the heterogeneous practices, bodies and affects that emerge out of different party-assemblages. These concepts also help account for the instability of parties—the way they can suddenly change for better or worse. Such an account captures or articulates the way drug consumption settings do not act as the “backdrop” of action

and therefore affect consumption predictably but instead co-constitute, and are co-constituted by, these practices.

Importantly, the party-assemblage must take into account temporality. Aside from references to the “time or day of the week” (*Drug education R-12 teacher support package: Senior years*, DTESA, 1999) the drug experience triangles and the party examples do not account for the role of temporality in drug consumption and partying practices. Temporal experiences such as waiting for lifts and taxis to arrive, constraints on time available to party due to public transport timetables or formal commitments, and the visual effect of night-time and darkness can all be at least considered in the account of parties I am proposing. Parties are, after all, *temporary* fleeting spatial-temporal phenomena. It is certainly not too difficult to miss some or all of a party if certain temporal relations do not come together as required. The final train into the city from one’s home suburb being cancelled is a practical example of this. Temporal transport experiences before and after parties then are important elements of the experiences and becomings made available at the events in question (Duff & Moore, 2014). Indeed a party is not a party at all unless all the attendees enact a space at the same time. Using the figure of the assemblage can turn our attention to the specific place and time of illicit drug consumption (Duff, 2014b). For the purposes of drug education, it makes sense that young people are given advice on the enactment of party-assemblages. This does not mean that drug education should efface the action of large, apparently more stable social structures. In fact, drug education currently works to re-enact and justify some of the worst inequalities of contemporary relations and could be improved by a more critical approach to these. It is inevitable that any claim about the kinds of party-assemblages drug education should encourage will be based on particular normative claims. The challenge, then, is how to theorise the specific nature or propensity of the different party-assemblages drug education could ethically encourage.

The ethics of the party: Smooth and striated party spacetimes

Deleuze and Guattari dedicate an entire chapter of *A Thousand Plateaus* (1987) to the different tendencies of certain spaces or territories that can emerge from the deterritorialisation and reterritorialisation of assemblages. When turning their attention to space or, for my purposes, spacetime⁹, Deleuze and Guattari (1987) propose two different “kinds” of spaces: “smooth

⁹ In Chapter 14 of *A Thousand Plateaus* (1987) entitled “1440: The smooth and the striated”, Deleuze and Guattari theorise these notions of space in some detail. Considering my argument for the importance of time, it is essential to note here that although only they refer to “spaces”, for Deleuze and Guattari, these spaces are thoroughly temporal phenomena. They theorise the temporality of these spaces through Bergson’s notion of “duration” (pp. 483-485).

space” and “striated space”. Smooth space is described as a “nomadic” terrain such as a desert, steppe or sea. Smooth space is open to new possibilities and novelty, its landmarks and linkages are in constant variation. Deleuze and Guattari (1987) emphasise that smooth spaces are flowing and moving: “Smooth space is filled by events [...] far more than by formed and perceived things. It is a space of affects, more than one of properties” (p. 479).

For Deleuze and Guattari (1987), smooth spaces express a greater propensity or power for deterritorialisation in that they enhance the potential for the enactment of new becomings of bodies that otherwise may appear rigid and stable. A smooth space is more likely to produce novel affects, bodies and practices than a striated space. Deleuze and Guattari (1987) describe striated space as “that which intertwines fixed and variable elements, produces an order and succession of distinct forms” (p. 478). Unlike smooth spaces, striated spaces tend to produce homogenous, stable bodies. Striated spaces are less likely to allow for the emergence of the new. For example, one may consider a nightclub or bar covered in advertising utilising the commodification of female bodies or enacting certain rigid beauty norms, whilst actively excluding potential patrons who do not live up to particular expectations, as a striated spacetime. A school with all its rigid rules, expectations, timetables and standardised grading system could also be considered a striated spacetime. However, as Deleuze and Guattari argue time and again, there can be no binary opposites. Thus, all spacetimes, including the hypothetical bar or school, are a coalescing of the two; all spatiotemporalities will deterritorialise and reterritorialise emergent bodies and affects. If we think back to the participants in Waitt *et al.*’s (2011) research, discussed in the previous chapter, the dynamism of this process starts to become clearer. Waitt *et al.* argue that the participants enacted specific relations and spatiotemporalities in conjunction with public bars that were territorialised in certain ways. Duff and Moore’s (2014) argument that transport modalities and spacetimes work to “prime” people for certain experiences while also being open to reassembling by individuals also points to these dynamics. The notions of striated and smooth space do not assume ontologically distinct places that people walk up to and enter. Instead Deleuze and Guattari are describing the particular tendencies of certain territorialisations or enactments of relations that constitute spacetimes. They are also proposing a certain ethic of territorialisation. Consistent with their immanent ethics, Deleuze and Guattari argue for becomings and affects that increase the affective capacity of bodies. Smooth spacetimes are desirable because they make more becomings available, they make novelty more likely. Although

For my purposes it is not necessary to introduce the notion of duration into my analysis. Rather, I would simply note here that both smooth and striated space(time)s are temporary emergent phenomena and I will emphasise this by using the term “spacetime”.

striated spacetimes make novel emergent practices less likely, they do not preclude them entirely. Deleuze and Guattari (1987) explicitly warn us not to put all our faith in smooth spaces and times when they write “never believe that a smooth space will suffice to save us” (p. 500). No spacetime is in essence liberating, and it is possible that the smooth will emerge with what at least appears to be the most striated of spatiotemporalities, and new striations may emerge out of what are initially smooth becomings.

Working with these concepts, I suggest that drug education can engage with parties and partying practices in an attempt to support young people in the enactment of pleasurable *and safe* territorialisations. The question here becomes what kinds of party practices will certain spatial-temporal arrangements encourage, and are they desired? Moving away from the homogenous enactment of party settings defined by regret, danger and vomit towards a model of emergent party-assemblages may help young people become more sensitive to their own capacity to assemble pleasurable and safe partying spacetimes.

Conclusion

Using the party-assemblage as a case study, I have argued that drug education understands the relationship between young gendered subjects, drugs and settings in unproductively narrow, siloing ways. In these accounts young people are expected to follow a rigid decision sequence in any and all social situations. They must enact normative notions of masculinity and femininity, and when they do not adhere to such practices they are punished accordingly. Although the correct decision is always to say “no” to drugs, drug education marks young women for special attention. Young women’s drug consumption is enacted as especially regrettable and those who consume drugs as especially abject. Risks and dangers define the interplay of drugs, sets and settings in parties. Echoing the drug experience triangles, parties are defined by the risk and danger they pose. While the triangles suggest that setting is one of three equally important ingredients of drug experiences, however, the accounts of the parties do not. Importantly, the settings of these parties “do” very little. The party narratives instead focus exclusively on young people as individual agents and on their interactions with each other. Youth sociality appears as the problem at these parties, which are haunted by bad individuals exerting peer pressure. As I have argued, these rigid enactments are unable to engage effectively or convincingly with the complexity and heterogeneity of youth drug consumption events such as parties. Rather than attempting to enact *all* parties as dangerous and to be avoided, drug education could attempt to encourage safe but also pleasurable partying practices.

Thinking of parties as party-assemblages with smooth and striated tendencies is one way drug education can attempt to make this change. Such an approach returns us to Deleuze's immanent ethics, used to ask critical questions of drug education throughout this thesis. In this instance, the question becomes "what do smooth and striated partying practices and spatiotemporalities encourage young bodies to do?" This political and ethical move explicitly pushes beyond current *a priori* judgments made about partying and youth sociality generally in drug education. From this position drug education accounts of parties cannot simply revolve around bad drugs, bad people and bad parties. Instead ethical assessments need to be made about the particular affective capacities and shared becomings made available at these events. This means young people cannot simply be treated as making poor decisions due to peer pressure. Nor should they be discouraged from experiencing the self and enactments of gender that differ from normative expectations of young women and men. Importantly, this discussion returns me to a point that I have made already in this thesis: subjects, decisions, gender, spacetime, social relations and particular enactments of all, such as parties, can no longer be thought of as anterior to each other. Drug education must start looking at the co-constitution of these forces and the particular immanent pleasures and risks made available through certain processes of assembling. If the party is approached as a process of assembling in which heterogeneous bodies come together such that something new emerges, then trying to support young people to become sensitive to what is emerging is the best way of supporting them to respond to these processes in ways that will reduce harm (Race, 2015). This is a focus on the assemblage or event of consumption with the goal of sensitising young people to the affective resonance of different bodies as they come together to produce certain ethical or unethical becomings. By no longer treating drug, set and setting as reliable and stable entities in need of simple interventions, drug education could offer less rigid enactments of sociality that acknowledge pleasure and the importance of peer relations whilst also emphasising safety and mutual practices of care. This is a challenging yet essential task if drug education is to play a positive and useful, rather than damaging, role in the lives of young people. The practical implications of the conceptual and content-driven shifts I have argued for will be explored in detail in the following concluding chapter. For now it is enough to suggest that as in its enactment of rational decision-making, peer pressure, setting, and gender, drug education currently works to make harms traditionally understood as drug-related more, rather than less, likely.

Conclusion: Assembling realities, assembling capacities

My research has sought to answer two key research questions about Australian drug education:

- How are young people, their social lives and their drug consumption constituted in Australian drug education?
- In its constitution of young people and youth drug consumption, is Australian drug education likely to reduce harm?

In answering these questions I have mapped an assemblage of youth drug consumption. Put simply, I have argued that in its enactment of decision-making and rationality, peer pressure and sociality, setting, space, and gender, Australian drug education is currently more likely to contribute to, rather than reduce, drug-related harms. The questions I have asked of drug education and the conclusions I have reached are distinct from the research on drug education and its “effectiveness” (Champion *et al.*, 2013; Cuijpers, 2002; McBride *et al.*, 2004; Midford, 2007, 2010, Midford *et al.*, 2012, 2014; Newton *et al.*, 2010; Soole *et al.*, 2008; Toumbourou *et al.*, 2007; Teesson *et al.*, 2012; Vogl *et al.*, 2009). This research approaches the organising concepts of drug education, such as youth, drugs and even health, as self-explanatory anterior realities. In contrast to my analysis, research on “effectiveness” does not account for the role drug education plays in assembling or enacting the very realities it seeks to describe and address or its problems and solutions (Bacchi, 2009). Approaching drug education as a practice of reality enactment, I conducted a political and ethical analysis of drug education documents. That is, I analysed the ontological politics of drug education and found the realities it enacts to be troubling and dangerous. However, there is one overarching goal shared between my own and more traditional drug education research: a concern for the wellbeing of young people and what role drug education can play in maintaining and enhancing it. In this way, this research could be understood as part of the general project of harm reduction. Yet, harm reduction itself does not adequately describe some of the goals and implications of my analysis. These goals, and the directions I argue are necessary if drug education is to be a positive force in the lives of young people, are the primary focus of this concluding chapter. In order to best explain how drug education could be amended in light of my analysis, I draw together each of the previous five chapters with key conceptual resources useful for developing a new direction for drug education. The recommendations for drug education made in this final chapter address its current shortcomings while providing a new conceptual and ethical orientation and, importantly,

pragmatic goals that extend beyond abstinence and harm reduction. As I go on to detail, drug education could begin to focus on a process of capacitation in which the goal is not specifically to delay onset or reduce use, but rather to increase young people's sensitivity to the plethora of forces active in each drug assemblage. In emphasising these forces, drug education could look to increasing young people's affective capacity or sensitivity to engage with forces in attempts to enact safe and pleasurable drug consumption and positive sociality more broadly.

In posing this conclusion and proposing potential directions for drug education it is necessary to return to some of Deleuze and Guattari's (1987) comments on the notion of a book (or text) as an assemblage: "We will never ask what a book means as signified or signifier [...] We will ask what it functions with, in connection with what other things it does or does not transmit intensities" (p. 4). Deleuze and Guattari's arguments here call for an analysis of what drug education texts might "do". I have endeavoured to answer this performative question by assembling Deleuzian theories with contemporary performative and relational ontologies seen in STS and in Bacchi's (2009) WPR approach. Working with these concepts, I have dived into the "middle" of Australian drug education in order to map and assess the realities of youth drug consumption it enacts. Approaching drug education as a practice of ontological politics was necessary to consider these realities and the bodies and possibilities that they enact and re-enact. These included realities of neo-liberal rationality, peer pressure and appropriate/inappropriate feminine comportment. As I have consistently emphasised, my analysis was not concerned with the "accuracy" and "realism" of these realities. That is, rather than investing in a single reality that drug education can or should reproduce, I have asked not simply what these realities and problematisations mean but what they might do, and whether this contributes to reducing harm or, as I will explain further, enacting affective capacities for safety. This analysis emerges out of a practice of assembling. I have assembled a series of texts and concepts together in order to produce a particular assessment of drug education. In doing so I identified other realities also assembled in drug education "along the way", such as accounts of causality, responsibility and the "good life" more generally. This is not to argue that the affects and capacities or sensitivities enacted in drug education can be understood through a model of linear causality (in which text determines the reader's experience and outlook); as assemblages, these texts and what they do are reassembled anew in every encounter. How these texts work to shape drug consumption practices is unpredictable and may lead to previously unaccounted for realities and practices (Farrugia, 2014; Farrugia & Fraser, in press; Leahy & Malins, 2015). By mapping the bodies that

come together to enact problems and realities in drug education assemblages, however, I have set out the conditions of possibility for young people and drugs constituted in drug education.

Assembling realities

Latour's theorisation of bodily sensitivities suggests that the ontological politics of drug education can be understood as a part of a process of territorialising young bodies or sensitising young people to certain capacities, possibilities or affects. Drug education is one practice in which bodies and drug effects are assembled or enacted. Through the provision of certain information, pointing to particular harms, drugs and social relations, and attempting to enact bodies with particular capacities, drug education attempts to sensitise young people to particular affective capacities and possibilities. For example, drug education attempts to sensitise young people to the dynamics of peer pressure. It also attempts to sensitise them to a process of cognitive deliberation of "list, analyse, and decide". At the same time, drug education attempts to desensitise young people to a series of forces active in drug consumption assemblages. The force of non-human bodies is one example, as is the possibility of safe, pleasurable and smooth party-assemblages in which novel becomings emerge. If drug education is part of a process of sensitising young people to certain capacities and possibilities, it follows that we need some ethical measure for assessing the kinds of capacities and possibilities desired.

Throughout my analysis I have worked with Deleuze's immanent ethics. In Deleuze and Guattari's work can be found an ethical commitment to the enactment of difference and novelty, something also shared by Latour (2004). A Deleuzian educational ethics thus focuses on the enactment of new relations between bodies, increasing the affective capacities or, in the language of this conclusion, sensitivities of bodies. From this perspective, drug effects are ethical if they increase the bodily becomings of those involved in the consumption, unethical if they reduce them (Böhling, 2015; Duff, 2014a; Keane, 2002; Malins, 2004a). However, such an assessment is not quite robust enough for the practice of drug education. Drug education remains a governing practice that, at times, justifiably aims to limit certain becomings. That is, the territorialisation and limitation of certain capacities cannot be the sole ethical criterion when assessing drug education. For example, increasing young people's sensitivity to gendered harms often understood as "drug-related" and their capacity to intervene in them is an ethical task. However, this may result in certain bodies, such as young men, no longer being able to enjoy particular kinds of freedom in drug consumption assemblages. Linking Latour (2004) with Deleuzian ethics, I argue for a new ethical orientation for drug education. Drug education could begin to

focus on the enactment of young bodies with increased sensitivities for the plethora of forces active in drug consumption events. Such a direction will also need to focus on young people's affective capacities to assemble relations in order to allow smooth consumption events to emerge. However, novelty cannot be the only goal here. Rather, drug education needs to assemble a sensitivity to smooth but also safe and pleasurable assemblages. As my analysis indicated, the potential for safer and even pleasurable drug consumption is a challenge drug education struggles with. My approach is characterised by a goal of capacitation in which drug education aims to increase young people's capacities to assemble relations with a "nose" or sensitivity for their own safety and pleasure and that of those around them. This is an important innovation; the literature reviewed in Chapter 1 suggests that without an acknowledgment of the complexity and pleasures offered by alcohol and other drug consumption, drug education and health promotion campaigns have little potential to be seen as credible by young people and positively shape their consumption practices (Brown & Gregg, 2012; Farrugia & Fraser, in press; Harrison *et al.*, 2011). As such, although developing education strategies that pay sufficient attention to young people's local knowledge of consumption and the pleasures and risks associated with it is a challenging task, it is essential if drug education is to reduce harm. I now move on to detail my approach by briefly reviewing each chapter's enactments and assessing the sensitivities made available in each.

The first data analysis chapter of this thesis mapped the problematisation of incomplete youth rationality. Enacted through a notion of decision-making, drug education understands young people as neo-liberal subjects in the making. Drawing on psychological notions of rational decision-making, Australian drug education attempts to teach young people sequential, rational cognition as a discrete skill. The particular way rationality is constituted in drug education is as a model of deliberation compromising three steps: list, analyse and decide. In this model, I argued, drug consumption is conceptualised as the result of a discrete human-centred decision defined by a process of listing potential options, analysing potential actions and finally, deciding which to choose. I argued this focus enacts young people as a particular problem: unfinished bodies that are yet to learn how to be proper neo-liberal rational decision-makers. In problematising young people as unfinished subjects, drug education continues the common assumption that they are inherently irrational and unruly (Ayman-Nolley & Taira, 2000; Bessant, 2008; Wyn & White, 1997). Further, in only providing negative information about drugs for "analysis", drug education constitutes all drug consumption as a problem of failed rational decision-making processes indicative of a compromised rationality. I argued that in focusing exclusively on cold, rational

cognition, drug education fails to account for the plethora of other bodies, human and non-human, active in drug consumption events and decisions. Importantly, working with a Deleuzian notion of affect, I argued these models are unable to grasp the ways decisions are emergent capacities co-constituted within assemblages. Essential for my analysis is the argument that when drug education focuses solely on human agency and cognition, not only is it providing a particularly sparse account of human action within drug assemblages but it actively works to obscure the agency or affects of other bodies within assemblages. In obscuring these forces, drug education may work against increasing young people sensitivities to the many bodies active in drug consumption assemblages and their own affective capacity to assemble relations. Drug education thus attempts to assemble young bodies desensitised to the ways in which they can assemble phenomena in order to make safe and pleasurable drug consumption more likely. Even when focusing purely on human agency, drug education's limited understanding of decision-making actively works against increasing young people's "nose" for assembling harm-reducing and pleasurable drug consumption events.

Although drug education goes to great lengths to emphasise individual cognition and decision-making, it is not completely blind to social forces. As argued in Chapter 5, Australian drug education constitutes youth sociality through a problematisation of peer pressure, primarily enacted through fictional narratives and hot seat scenarios in which young people learn to navigate and inevitably resist it. Working with peer pressure as the primary model of youth sociality, drug education attempts to sensitise young people to their individual capacity to resist social pressure and refuse invitations to consume drugs. Peer pressure then appears as the primary hurdle young people must negotiate if they are to successfully list, analyse and decide to abstain from drug consumption. As a model of social interaction, peer pressure then refocuses young people's attention on their own decision-making and individual responsibility. As I argued, this enactment of peer pressure is too rigid to meaningfully engage with the complexity of youth sociality and the place of drug consumption within it. Many of these issues emerge from a theoretical problem within drug education and much drug research in which drug consumption is understood through rigid conceptual binaries. These binaries operate in particular ways in the concept of peer pressure. Understanding drug consumption motivations through peer pressure works to co-constitute a notion of "good" and "bad" friends. Good friends are those who protect young people from drug consumption and operate as a good social influence. Bad friends, on the other hand, exert negative pressure through drug consumption offers and therefore apply bad pressure. However, this understanding highlights a confusing paradox.

Those who influence young people to abstain are seen to preserve a natural state of youthful innocence, and thus do not actually exert “influence”. Those who pressure young people are enacted as corrupting and compromising linear youth development. Further, these binary notions are found to present friends as both the key danger (pressure) in youth life and also the key social connection at risk of being lost through drug consumption. Such paradoxes highlight that, even when taken on its own terms, the concept of peer pressure is too inflexible and simplistic to engage with youth sociality with sufficient complexity.

In responding to these issues, I argued that Deleuze and Guattari’s notion of becoming held promise for moving beyond the limitations of peer pressure. Thinking of youth and all bodies within drug consumption assemblages as becoming phenomena allows drug education to move beyond the natural/unnatural binary that co-constitutes other binaries such as pressure/influence and good/bad friendships. From this position, becoming drug-consuming bodies are no longer stable and natural entities compromised by external contaminants (drugs) caused by the action of malevolent friends (pressure). Rather, they are emergent phenomena following particular becomings in certain directions shaped by their assemblages. In these events certain affects are assembled and experienced; this includes negative affects of harassment or pressure and positive ones of friendship and intimacy. Importantly, these must be understood ethically; that is, they must be assessed according to whether these becomings increase powers for acting or stifle them. I argued that if drug education were to cease working within the confines of these binary distinctions, it would be able to provide more complex and flexible resources, responsive to the lives of young people. This would, of course, require some acknowledgement that invitations to consume drugs are not intrinsically peer pressure situations and that many young people will not experience them as such. Approaching young people and the relationship between consumption and sociality requires a new emphasis. Rather than attempting to make young people more distinct from their surrounds and more immune to the influence of their friends (resistance), drug education can begin to emphasise the co-constitution and shared assembling of drug consumption becomings. That is, drug education could better work with young people’s connectivity and relationality. Such an approach would mean that drug education works to highlight the ways in which young people assemble becomings and affects together and the potential ethical directions these can follow. Drug education should not simply be about rational deliberation, then, but about encouraging young people to become more sensitive to the range of forces they can assemble in order to allow ethical affects and becomings

to flow. In doing so, drug education can play a role in encouraging young people to assemble events ethically, and importantly, these events may or may not include drug consumption.

In Chapter 6 I turned my attention to the use of “setting” in drug education. I explained how drug education enacts a particular version of Zinberg’s (1984) drug, set and setting model. Specifically, drug education uses what I termed the “drug experience triangle” to enact the places and times that young people are assumed to be making high-pressured decisions about drugs. As does Zinberg (1984), the drug experience triangle enacts an additive relationship between drugs, people and places as the primary forces that give shape to drug consumption practices. Broadly speaking, I argued that this focus on setting was a positive focus for drug education. Logically, such a model should, at times, shift attention away from individual responsibility to instead consider the broader agencies that shape settings and therefore drug-related harms and pleasures. However, as emphasised throughout this thesis, even when the triangle is present, drug education continues to focus almost exclusively on individual responsibility (poor decisions) and dangerous drugs. These limitations emerge from the model itself, and in fact any model that works with a siloing ontology. In siloing its three (anterior) forces, the drug experience triangle works to reify the subject and the drug as the primary forces active in drug assemblages. As drugs and people are the two bodies most commonly ascribed primary agency, any model that works to enact them as self-contained, stable entities inadvertently reproduces a focus on them.

I argued that if drug education were instead to take the assemblage as the primary unit in discussions of the place and time of drug consumption, it would no longer reproduce the familiar focus on individuals and drugs. When all bodies are understood as assemblages they can no longer be abstracted from the relations within which they emerge. For example, drug education would no longer be able to focus almost exclusively on drugs and people. This is because drugs, people and other forces in drug assemblages would be understood as co-constitutive. Working from this position drug education could begin to highlight the ways different relations work to enact qualitatively different people, drugs and experiences. Such a focus would contribute to the goal of increasing young people’s affective capacity to assemble places and times and therefore to increase the likelihood that safe and pleasurable drug experiences will emerge. Again, drug education could contribute to a process of capacitation in which young people come to learn to affect and be affected by a range of phenomena that together constitute the place and time of their consumption. As with its focus on decision-making and peer pressure, without the move I have argued for, drug education will continue to

obscure many important forces in young people's drug consumption assemblages. In doing so it will actively work against increasing young people's affective capacity to assemble these relations.

In Chapter 7 I returned to data presented in the preceding three chapters and presented new data in order to map the co-constitution of gender in the realities and problematisations of decision-making, peer pressure and settings. Following the overall structure of the thesis, I first discussed decision-making. I argued that the decision-making models used in Australian drug education work to assemble gender by constituting femininity as a problem young people must first list and then analyse in relation to drug consumption. In focusing on femininity in this way, drug education avoids problematising masculinity and can be understood to be primarily concerned with young women's comportment and consumption. These exercises also enact a form of exemplary power in that they provide explicit examples of gendered failed subjects. Similarly, the peer pressure problem scenarios operate to obfuscate male responsibility. Instead, even when providing examples of sexual violence against young women, the young women are fully responsibilised for this violence. In this way, young women are held responsible for others' (young men's) actions (Farrugia, in press). As noted in my discussion of Chapter 6, drug education weakens its own model of drug settings here by focusing almost exclusively on individuals and drugs. The focus on drugs has important implications for the enactment of gender and responsibility in drug education. As I argued in this chapter, unsafe, unwanted and risky sex are often listed as effects or consequences of drug consumption. This works to produce drugs as the sole agents in these events and thereby excuses the perpetrators of such violence. In doing so, drug education both de-genders patriarchal violence, removing masculinity from the frame, and re-genders it by constituting it as a problem of women's consumption and comportment.

One effect of this discursive process is that all drug consumption is framed as intrinsically more problematic for young women than for young men. As seen so clearly here, if the problem of drug consumption is gender, or individual women's decisions, then the solution requires self-surveillance and restrictive expectations of comportment for young women (Bacchi, 2009). In taking part in a gendered ontological politics that questions young women's moral worth and reponsibilises them for patriarchal harms, drug education may be working to enact expectations of shame and regret and even experiences of violence (Farrugia, in press). In this way, drug education actively works against increasing young people's sensitivity to the social conditions

that produce experiences of risk and harm, drawing attention away from the restrictive notions of femininity and masculinity that underpin them.

If drug education were to highlight the assemblages that constitute gender and harm it could begin to disassemble them. In order to be practically useful, such an approach would have to look at both broader social arrangements and norms and the local relations of young people's drug assemblages. Working from this position, drug education can emphasise that certain relations work to constitute drug consumption as particularly dangerous for young women or men. Moving away from transcendent moralities in which all feminine consumption is wrong, drug education would become free to provide young people with heterogeneous examples of drug consumption events. Rather than simply reinstating longstanding gendered subjectivities and inequalities, drug education could begin to point to the ways gender can be assembled otherwise. In following the direction I suggest, drug education could encourage young people to become sensitive to the constituent bodies that together assemble gender and related pleasures and harms. That is, rather than simply reproducing and reflecting tired and dangerous gendered moralities and binaries, drug education could begin to point to the way drug consumption realities could be assembled otherwise.

The fifth and final data analysis chapter (8) drew the aforementioned problematisations of decision-making, peer pressure, settings, and gender into one drug consumption assemblage: the party. In analysing these concepts in an assemblage of parties, Chapter 8 allowed me to move beyond the limits of the heuristic distinctions at work in this thesis. The separation of each concept into individual chapters could be read as a methodological inconsistency of this thesis. The linear structure of individual chapters co-produces the very separation between these elements that I have consistently argued drug education needs to move beyond. In assembling these together, I reversed this analytical process, using the party as a case study of a drug consumption assemblage in which the relational nature of all the concepts explored in this thesis is demonstrated.

In chapter 8, I argued that drug education enacts partying as an inherently problematic form of sociality. Reflecting the general trend of ignoring pleasure in consumption, parties, for drug education, are constituted primarily by the degrees of risk and danger they pose. In these events young people are seen to make misinformed decisions in high-peer-pressure situations. These same young people reproduce normative accounts of gender in which young men enact unruly

and risky masculinity while young women enact infantile and irrational femininity. Importantly, young women who make the wrong choices and give in to peer pressure and consume drugs are punished accordingly. Continuing the general trend in drug education, the settings of these parties do very little. Instead party spacetimes act as backdrops for action while the classroom activities attribute agency exclusively to people and drugs. Overall, I argued that these limiting enactments fail to approach partying and drug consumption as meaningful practices with unique organising logics, ethics, dangers and pleasures. Instead, the party-assemblage enacts neo-liberal subjects who adhere to normative gender roles and moralities. In doing so, drug education can be seen to have little relevance to young people's lives. It can also be seen to territorialise affective capacities or enact noses without the propensity to assemble safer partying. As a result, safer and pleasurable drug consumption becomes less imaginable.

How might drug education better attempt to attend to the complexity of drug consumption and partying practices while working to reduce harm and potentially increase pleasure? In order to provide an alternative direction for articulating parties and sociality in drug education, I returned to key concepts found in Deleuze and Guattari's work. As I have argued, within an ontology of assemblages, partying practices can be understood as acts of arranging relations in which spaces with particular temporal rhythms and affective atmospheres are enacted. That is, in partying, young people bring relations, spaces and times into reality. In doing so, they work to de-territorialise and re-territorialise spacetimes. This includes spacetimes with smooth tendencies, which allow for the emergence of the new, as well as striated tendencies, which limit these emergences. Importantly, these practices work to enact or assemble the other bodies making up parties, such as drugs and people. Partying practices, then, are one force that works to assemble people and their decision-making capacities, sociality beyond peer pressure, settings and gender. I will go on to offer some possibilities for redesigning drug education and health promotion campaigns to avoid the pitfalls identified here. First, however, I wish to highlight a broader question that arises from this analysis of drug education: What does it mean to actively educate young people through formalised school and other education mechanisms in partial and stigmatising perspectives on drugs and people who consume them?

Enacting stigma

Thus far this Conclusion has focused primarily on the realities, sensitivities and bodies assembled for the young people exposed to drug education. In this sense, my arguments tend to concern the target audiences of classroom drug education and many health promotion campaigns: an

imagined young subject in the making who only needs to be assembled in the right way in order to avoid the perils that saturate youth life worlds. However, as Law (2011) emphasises, when attending to practices of reality enactment we must also take a broader view and look at the realities that are made along the way. Thus, drug education not only assembles realities about youth drug consumption but others too; here I am concerned with one in particular: stigma.

It is well established that people who consume drugs, especially marginalised populations such as those experiencing homelessness or people who inject drugs, are heavily stigmatised (see, for example, AIVL, 2008; Lancaster, Santana *et al.*, 2015; Lloyd, 2013; Room, 2005; Simmonds & Coomber, 2009). This stigma is experienced in many different settings such as when accessing healthcare (Lloyd, 2013; Radcliffe & Stevens, 2008), utilising needle exchange services in pharmacies (Fitzgerald, McDonald, & Klugman, 2004; Simmonds & Coomber, 2009), and at workplaces (Hathaway, Comeau, & Erickson, 2011). Essential for my focus here is the way stigma is thought to reinforce existing social marginalisation and inequality (Room, 2005) and is negatively associated with people attaining health goals such as the cessation of drug consumption (Lloyd, 2013). Importantly, research suggests that negative public opinion and stigmatisation of those who consume drugs is seen by people working in drug policy and service provision as a key impediment to the establishment of pragmatic policy and more positive health interventions (Fraser, valentine & Seear, in press). In this context it is important to consider the stigma that is co-constituted along with the other realities of youth drug consumption I have analysed in drug education.

As my analysis has shown, drug education currently works to enact stigmatised drug-consuming bodies. Drug education teaches that those who consume drugs do so because of failed rational decision processes. They have feebly given in to peer pressure so easily avoided by simply listing, analysing and deciding to say no. As I emphasised, young women are targeted for particular attention. Drug education works to desensitise young people to the gendered moralities that shape perceptions of drug consumption and the harm that young women (and young men) may experience during it. As such it attempts to desensitise young people to the social marginalisation that can co-constitute drug-related harms. It also attempts to fully responsabilise people for failing to make the “right choice”. Overall, it is not hyperbolic to say that Australian drug education enacts people who consume drugs as ontologically compromised, failed subjects who are untrustworthy (such as Chris, Chapter 8) and disgusting (the vomiting Gemma in Chapter 7). In this sense, drug education plays a concerning official role in constituting the stigma faced by

people who consume drugs. Rather than attempting to assemble empathetic young bodies who could intervene and reduce the stigma faced by people who consume drugs, drug education works to assemble a stigmatising public, and shows little concern for the negative health effects of this stigma. In this way, drug education again works to produce rather than reduce harm associated with drug consumption.

Assembling capacities

My overall argument that drug education could try to sensitise young people to the ways in which their consumption practices enact assemblages that may encourage or discourage pleasure, safety and, conversely, harm opens up many questions. What would the kind of drug education I am arguing for look like? How might drug education work productively with the process of enactment? What would drug education look like if it attempted to enact young people's noses for safety and harm?

Health education researchers working in other areas have also grappled with similar questions to the ones I pose here. Researchers concerned with sex education (Allen & Carmody, 2012; Cameron-Lewis, 2016; Whitehead, 2005), healthy eating (Barnhill *et al.*, 2014) and social media (Dobson & Ringrose, 2016) all face complexities like those I explored in this thesis. As have I, some researchers in these distinct but related areas have turned to post-human conceptual resources, such as those found in the work of Barad (Cameron-Lewis, 2016) and Deleuze and Guattari (Kofoed & Ringrose, 2012). In trying to develop a sex education curriculum that accounts for pleasure and danger, for example, Cameron-Lewis (2016) draws on Barad to argue that education practices must move away from attempting to present clear-cut concrete notions of youth sexuality, desire and sexual relations; rather, she argues, sexuality should be understood as forever becoming. Cameron-Lewis (2016) stops short of providing robust examples of the kind of education that can attend to this becoming. Instead, she argues that “sexuality education must attend to the array of bodies entangled in students’ sexual becomings as they unfold in live time” (p. 501). There are obvious similarities with my concern for drug consumption assemblages here. Yet how education may attend to assemblages of sexuality and health remains somewhat vague. From the point of view of drug education curriculum development, I offer five possibilities for classroom drug education and social marketing that attend to assemblages of alcohol and other drugs, youth and consumption:

- 1- Develop a sensitivity to the process of enactment and the politics of knowledge. Drug education could honestly and explicitly engage students in explorations of the political nature of information about alcohol and other drugs. All knowledge could be presented as contestable, and the tensions that emerge when classroom curriculum and local knowledge coalesce could be attended to as moments for learning. Students could be provided with exercises in which they research the knowledge claims presented in drug education as well as the alcohol and other drug realities articulated in the media or popular culture. For example, media narratives of “drug-related crime”, scientific enactments of addiction and popular notions of risky youth could be all presented for research, always with an eye to their politics. Young people could be asked what the options are for enacting youth drug consumption, what is at stake in each and how should we choose between them (Mol, 1999)? For social marketing, the sensitivity to processes of enactment would require a focus on presenting heterogeneous notions of youth consumption, its dangers and potential pleasures and a move away from the rearticulation of stigmatising stereotypes of failed drug consumers.

- 2- Emphasise relationality and non-human agency. Drug education needs to decentre the human and the drug and seek to sensitise young people to the array of forces that come together to propel events in different and, at times, unpredictable directions. Students could be provided with large lists of forces and asked to assemble those they think are necessary for pleasurable and safe events. In offering such events for assembling, drug education may not only appear more credible, but work to sensitise students in ways to avoid the dangers of unpleasurable consumption. That is, in learning about pleasure and safety, students are also sensitised to the unpleasurable risks of consumption already emphasised in drug education such as sickness, fear, aggression and violence and so on. Everything from the space and time of consumption to money, friends, mobile phones, mobile phone apps, music, food, furniture, computers, condoms, clothes, bedding and so on could be listed for assembling. Students could also write or develop narratives of positive and negative drug consumption events and analyse them for the different human and non-human forces that contribute to the particular becomings that emerge. These exercises could be done with an emphasis on emergence by looking at what changes when different forces come together. Along these lines, drug education could try to sensitise young people to the ways in which their consumption practices assemble the potential for pleasure and harm in complex ways. That is, how they assemble the event

shapes the pleasurable or harmful potential. By emphasising relationality in this way, these exercises would need to point to connectivity, desire and emotion. Acknowledging a range of forces moves away from the cold rational decision models, to instead attune students to their own and others' emotional states. This is important as pressure, violence and harm are implicated with emotion. Such exercises would necessarily emphasise the complex slippage between pleasure and harm that requires young people to sensitively reflect and negotiate consumption with their peers. Social marketing campaigns can just as easily emphasise an assemblage of forces too. For example, safer sex campaigns have been emphasising the non-human agency of condoms for a very long time now. This is not to say that drug education and health promotion should ignore the biomedical focus on risk, but campaigns would emphasise broader agencies in order not to reduce such practices to categories of risk.

- 3- Foster respect for the complexity of drug consumption practices. Drug education could present young people with different narratives of consumption shaped by the social locations in which they occur. Rather than reducing drug consumption motivations to notions of peer pressure, drug education could present consumption as a complex social practice. This focus would indeed need to sensitise young people to issues of safety and why it is that certain risky practices are co-constituted by particular sets of relations. However, drug education could do this without devaluing the importance of the social relations that often emerge in conjunction with drug consumption. Young people could anonymously share alcohol and other drug experiences in writing to look at the kinds of social connections that are developed during these events. Alternatively, students could be presented with fictional experiences or popular culture narratives in which to consider the social locations of drug-related problems. This could open a space to critically engage with notions of addiction, inequality and the politics of distinctions between recreational and problematic drug consumption, for example. Although social marketing cannot conduct such demanding exercises, campaigns could be redesigned to present a range of narratives and social locations of consumption and emphasise the way these practices are shaped by cultural locations.
- 4- Explicitly interrogate the gendered moralities and assumptions that constitute alcohol and other drug public debate. Rather than reproducing these assumptions, drug education could ask students to research and interrogate their history. Young people

could be presented with the some of the gendered dynamics of the statistics of violence usually understood as “alcohol-related” in the NTE, for example. In these exercises students could also be invited to interrogate the political nature of the causal links drawn between drug effects and violence experienced and perpetrated by men and women. Students could be asked “what is the problem represented to be in enactments of “alcohol-related” violence?” Such a change would necessarily expand the focus of Australian drug education beyond its current narrow confines. This new drug education would not focus solely on alcohol and other drugs but look to questions of power, moralities, responsibility and ethics (Farrugia, in press). Classroom exercises or social marketing campaigns that articulate alternative masculinities and femininities and depict alternative consumption practices beyond the hegemonic expectations of risky masculinity and regretful femininity could be developed. This would include partying and drug consumption practices that do not work to reinstate damaging and stigmatising gendered stereotypes of unruly young masculinity and good/bad young femininity.

- 5- Build resources on an immanent ethics. The drug education approach I have been theorising throughout this thesis and these recommendations is explicitly political. I do not shy away from this, as it is my contention that all health interventions operate on political assumptions. However, a Deleuzien ethics of drug education does not seek out new certainties or moral codes. Rather, drug education could begin to establish conditions for the ethical exploration of the possibilities made available through drug consumption practices (Allen & Carmody, 2012). Students can be sensitised to the possibility of assessing consumption practices, and indeed many other practices, according to whether they increase powers for acting or diminish them. Exercises with this focus would necessarily require an emphasis on the mutual implication of all bodies and, therefore, the shared responsibility all young people share for the positive or negative affects experienced by those in their company. Students could be provided with example drug consumption assemblages such as parties, licenced venues and so on that make positive and negative becomings more or less likely. Of course, this requires balancing information on the potential risks of drug consumption with information on its potential pleasures. Social marketing could also be informed by these ethics. It is not such a great conceptual leap for social marketing campaigns to provide a range of possibilities that emerge from particular consumption assemblages and ask audiences to consider why and how certain becomings emerge.

Together these recommendations argue for a focus on assemblages or events of consumption. However, it is also worth noting that because the process of formal education and health promotion primarily targets human actors, these recommendations focus on human actors too: the young people themselves. This is not to reassemble the neo-liberal actor and demand all consumption be defined by foresight and planning; indeed, many of the pleasures of drug consumption may stem from stepping outside the rigid regulation of conduct demanded in day-to-day life (Bunton & Coveney, 2011; Fraser & Moore, 2008; Murphy, Wilson & Moore, in press; Zajdow, 2010). Rather, I argue drug education should increase young people's sensitivity to the coalescing of different bodies in assemblages if only to enhance their affective capacity to assemble them in ways that make it more possible to experience the pleasures of unpredictability with less of the potential harms. My analysis does not provide insight into how drug education is being practised by teachers in classrooms, and I have no data on how young people are relating to social marketing messages. Indeed, some teachers may well be approaching drug education in ways similar to my recommendations (existing literature suggests this is not the case, however; see Elliot, 2008; Leahy, 2013; Leahy & Malins, 2015).

The drug education and health promotion I argue for has the potential to account for the heterogeneity of consumption practices and experiences and address many of the unethical and harm-producing realities analysed in the preceding five data analysis chapters. By emphasising the ethics of emergent assemblages of consumption, drug education can encourage young people to de/re/territorialise assemblages that afford the emergence of novelty but with a nose or sensitivity for safety (Latour, 2004). Conceptualised in this way, drug education would avoid enacting drug consumption and all youth sociality as a taken-for-granted problem. Instead, drug education would emphasise the multiple becomings and their ethics that can emerge out of certain relations and practices. This is a position that acknowledges risk and harm but does not reduce drug consumption and youth sociality generally to it. In sensitising young people to this complexity, drug education can also move away from enacting all young women as intrinsically at risk and reifying their consumption practices as especially problematic. Young men can be enacted differently too. Rather than defining young masculinity either as a problem to be managed or as independence from other people, young men can be enacted as caring and thoughtful subjects with a responsibility for the safety of those around them. Thinking of drug consumption events as assembled relations suggests that masculine and feminine practices will emerge that are immanent to the assemblage. For example, some drug consumption assemblages

may sensitise young men to more positive enactments of masculinity in which care and connectivity are key (see, for example, Farrugia, 2015). The considerable conceptual shift I argue for would also require a move away from decontextualised decision models. These could be replaced with exercises that present decisions as co-constituted by the assemblage that makes the decision possible. This is an approach to decisions that foregrounds affect and emotion as well as cold, rational deliberation. Rather than places for listing, analysing and deciding, this account of drug consumption assemblages could consider the flows of emotion and desire that pulse through and remake them. Working within this approach, drug education could also stop defining the social relations through which drug invitations are made purely as peer pressure scenarios. What is experienced as pressure or otherwise could instead be conceptualised as immanent to the assemblage, with a direct engagement with the way pleasure and danger are often not demarcated so easily (Cameron-Lewis, 2016; Niland *et al.*, 2013). The drug education I am offering here has the potential to be more attuned to young people's complex experiences, attitudes and local knowledge of consumption, thereby increasing its credibility (Farrugia & Fraser, in press; Niland *et al.*, 2013). Overall, I am arguing for a drug education of affective capacitation in which the goal is not only to reduce harm but to assemble young people's affective capacity in an attempt to increase their sensitivity to the kinds of relations that will increase their own and others' powers for acting in ethical ways. Of course the development of these sensitivities and capacities will, for the most part, emerge out of actual, experimental encounters. That said, the kind of drug education I argue for in this thesis could assist young people to find out which relations agree with them and in what ways they can hope to assemble them. Without a new ontological politics guided by measures of the kind I have proposed here, Australian drug education will continue to assemble conditions of possibility that contribute to the harms it purportedly seeks to reduce.

References

- Abrahamson, M. (2006). Young women's and men's different worlds of alcohol, fear and violence in focus group discussions with 18-year-olds in Stockholm. *Contemporary Drug Problems* 33 (1), 3–27.
- Agar, M. (2003). Toward a qualitative epidemiology. *Qualitative Health Research*, 17 (7), 974–986.
- AIVL (2011). *Treatment service users project: Final report*. Canberra: Australian Injecting and Illicit Drug Users League.
- Ajzen, I. & Fishbein, M. (1973). Attitudinal and normative variables as predictors of specific behaviors. *Journal of Personality and Social Psychology*, 27 (1), 41–57.
- Ajzen, I. & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior*. Englewood Cliffs, NJ: Prentice-Hall.
- Allen, L. & Carmody, M. (2012). “Pleasure has no passport”: Re-visiting the potential of pleasure in sexuality education. *Sex education: Sexuality, Society and Learning*, 12 (4), 455–468.
- Allsop, S. (2012). Fanning the flame of prevention effort. *Drug and Alcohol Review*, 31 (6), 729–730.
- Anderson, B. (2009). Affective atmospheres. *Emotion, Space and Society*, 2 (2), 22–81.
- Anderson, B. & Harrison, P. (Eds.) (2010). *Taking place: Non-representational theories and geography*. Ashgate: Farnham.
- Anderson, B., Kearnes, M., McFarlane, C. & Swanton, D. (2012). On assemblages and geography. *Dialogues in Human Geography*, 2 (2), 171–189.
- Ansell-Pearson, K. (2005). The reality of the virtual: Bergson and Deleuze. *MLN*, 120 (5), 1112–1127.

Arnett, J. (2007). The myth of peer influence in adolescent smoking initiation. *Health Education Behavior*, 34 (4), 594-607.

Asch, S. (1956). Studies of independence and conformity: A minority of one against a unanimous majority. *Psychological Monographs: General and Applied*, 70 (9), 1-70.

Australian Bureau of Statistics. (2009). *Australian Social Trends, 2008*. Canberra: ABS

Australian Government Canberra. (2010). Read this before Saturday night youth magazine advertorial. National Drug Strategy 2010–2015. Capital Hill, Canberra.

Australian Institute of Health and Welfare. (2011). *2010 National Drug Strategy household survey report*. Canberra: AIHW. Available: <http://www.aihw.gov.au/publication-detail/?id=32212254712> (accessed 4 January 2017).

Australian Institute of Health and Welfare. (2014). *2013 National Drug Strategy household survey report*. Canberra: AIHW. Available: <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129549848> (accessed 4 January 2017).

Ayman-Nolley, S. & Taira, L. (2000). Obsession with the dark side of adolescence: A decade of psychological studies. *Journal of Youth Studies*, 3 (1), 35-48.

Bacchi, C. (2009). *Analysing policy: What's the problem represented to be?* Sydney: Pearson.

Bacchi, C. (2012a). Strategic interventions and ontological politics: research as political practice. In A. Bletsas & C. Beasley (Eds.), *Engaging with Carol Bacchi: Strategic interventions and exchanges* (pp. 141-156). Adelaide: The University Of Adelaide Press.

Bacchi, C. (2012b). Why study problematizations? Making politics visible. *Open Journal of Political Science*, 2 (1), 1-8.

Bahr, S., Hoffmann, J. A Yang, X. (2005). Parental and peer influences on the risk of adolescent drug use. *The Journal of Primary Prevention*, 26 (6), 529-551.

Bakhtin, M. (1981). *The dialogic imagination*. Austin & London: University of Texas Press.

Barad, K. (1998). Getting real: Technoscientific practices and the materialization of reality. *Differences: A Journal of Feminist Cultural Studies*, 10 (2), 87-128.

Barad, K. (2001). Re(con)figuring space, time, and matter. In M. Dekoven (Ed.), *Feminist locations: Global and local, theory and practice* (pp. 75–109). New Brunswick, NJ and London: Rutgers University Press.

Barad, K. (2003). Posthumanist performativity: Toward an understanding of how matter comes to matter. *Signs: Journal of women in culture and society*, 28 (3), 801–831.

Barad, K. (2007). *Meeting the universe halfway: Quantum physics and the entanglement of matter and meaning*. Durham and London: Duke University Press

Barnhill, A., King, K., Kass, N. & Faden, R. (2014). The value of unhealthy eating and the ethics of health eating policies. *Kennedy Institute of Ethics Journal*, 24 (3), 187-217.

Beck, J. (1998). 100 Years of “just say no” versus “just say know”: Re-evaluating drug education goals for the coming century’. *Evaluation Review*, 22 (1), 15-45.

Bessant, J. (2008) Hard wired for risk: neurological science, “the adolescent brain” and developmental theory. *Journal of Youth Studies*, 11 (3), 347-360.

Bernhardsson, J. & Bogren, A. (2012). Drink sluts, brats and immigrants as Other: An analysis of Swedish media discourse on gender, alcohol and rape. *Feminist Media Studies*, 12 (1), 1–16.

Berrington, E. & Jones, H. (2002). Reality vs. myth: Constructions of women’s insecurity. *Feminist Media Studies*, 2 (3), 307-323.

- Bewick, B., Bell, D., Crosby, S., Edlin, B., Keenan, S., Marchall, K. & Savva, G. (2013). Promoting improvements in public health: Using a Social Norms Approach to reduce use of alcohol, tobacco and other drugs. *Drugs: Education, Prevention and Policy*, 20 (4), 322-330.
- Beyth-Marion, R., Fischhoff, B. & Quadrel, M. (1991). Teaching decision making to adolescents: A critical review. In: J. Baron & R. Brown. (Eds.), *Teaching decision making to adolescents* (pp. 19-59) Routledge: New York and London.
- Bishop, G. (2013). *Deconstructing youth: Youth discourses and the limits of sense*. Basingstoke: Palgrave Macmillan.
- Blackman, S. (2004). *“Chilling out”: The cultural politics of substance consumption, youth and drug policy*. New York: Open University Press.
- BMF Advertising (2010) Marijuana “couch” advertisement. Authorised by the Australian Government Canberra National drug strategy 2010–2015. Available at: [http://www.drugs.health.gov.au/internet/drugs/publishing.nsf/content/campaign/\\$file/NDC%20Marijuana%20Couch.pdf](http://www.drugs.health.gov.au/internet/drugs/publishing.nsf/content/campaign/$file/NDC%20Marijuana%20Couch.pdf) (accessed 22 April 2015).
- Bogue, R. (1989). *Deleuze and Guattari*. London and New York: Routledge.
- Böhling, F. (2014). Crowded contexts: On the affective dynamics of alcohol and other drug use in nightlife spaces. *Contemporary Drug Problems*, 41 (3), 361–393.
- Böhling, F. (2015). Alcohol assemblages: Exploring fluid subjects in the night-time economy. *Geoforum*, 58, 132-142.
- Borlagdan, J., Freeman, T., Duvnjak, A., Lunnay, B., Bywood, P. & Roche, A. (2010). From ideal to reality: Cultural contradictions and young people’s drinking. Adelaide: National Centre for Education and Training on Addiction, Flinders University.
- Bourgois, P. (1998). The moral economies of homeless heroin addicts: Confronting ethnography, HIV risk, and everyday violence in San Francisco shooting encampments. *Substance Use & Misuse*, 33 (11), 2323-2351.

Bourgois, P. (2003). Crack and the political economy of social suffering. *Addiction Research and Theory*, 11 (1), 31-37.

Bourdieu, P. (1987). *Pascalian meditations*. Stanford: Stanford University Press.

Bowden, G. (2014). The merit of sociological accounts of disorder: The Attention-Deficit Hyperactivity Disorder case. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 18 (4), 422-438.

Brierley-Jones, L., Ling, J., McCabe, K., Wilson, G., Crosland, A., Kaner, E. & Haighton, C. (2014). Habitus of home and traditional drinking: A qualitative analysis of reported middle-class alcohol use. *Sociology of Health & Illness*, 36 (7), 1054-1076.

Briggs, D. (2013) *Deviance and risk on holiday: An ethnography of British tourists in Ibiza*. Basingstoke: Palgrave Macmillan.

Brown, R. & Gregg, M. (2012). The pedagogy of regret: Facebook, binge drinking and young women. *Continuum: Journal of Media & Cultural Studies*, 26 (3), 357-369.

Bryant, J., & Treloar, C. (2007). The gendered context on initiation to injecting drug use: Evidence for women as active initiates. *Drug & Alcohol Review*, 26 (3), 287-293.

Bunton, R. (2001). Knowledge, embodiment and neo-liberal drug policy. *Contemporary Drug Problems*, 28 (2), 221-243.

Bunton, R. & Coveney, J. (2011). Drugs' pleasures. *Critical Public Health*, 21 (1), 9-23.

Braidotti, R. (1994). *Nomadic Subjects: Embodiment and Sexual Difference in Contemporary Feminist Theory*. New York: Columbia University Press.

Cameron-Lewis, V. (2016). Escaping oppositional thinking in the teaching of pleasure and danger in sexuality education. *Gender and Education*, 28 (4), 491-509.

Campbell, H. (2000). The glass phallus: Pub(lic) masculinity and drinking in rural New Zealand. *Rural Sociology*, 65 (4), 562–581.

Campbell, N. (2000). *Using women: Gender, drug policy, and social justice*. London & New York: Routledge.

Champion, K., Newton, C., Barrett, D. & Teesson, M. (2013). A systematic review of school-based alcohol and other drug prevention programs facilitated by computers or the Internet. *Drug & Alcohol Review*, 32 (2), 115-123.

Chikritzhs, T., Catalano, P., Stockwell, T., Donath, S., Ngo, H., Young, D., & Matthews, S. (2003). *Australian alcohol indicators, 1990-2001: Patterns of alcohol use and related harms for Australian states and territories*. Perth: National Drug Research Institute, Curtin University, and Turning Point Alcohol and Drug Centre.

Clements, R. & Ives, I. (1996). Drug education in schools: A review. *Children and Society*, 10 (1), 14-27.

Coggans, N., and McKellar, S. (1994). Drug use amongst peers: Peer pressure or peer preference?. *Drugs: Education, Prevention and Policy*, 1 (1), 15-26.

Cohen, P. & Ainley, P. (2000). In the country of the blind? Youth studies and cultural studies in Britain. *Journal of Youth Studies*, 3 (1), 79-95.

Colebrook, C. (2000). Is sexual difference a problem? In: I. Buchanan & C. Colebrook (Eds.), *Deleuze and Feminist Theory* (pp. 110-127). Edinburgh: Edinburgh University Press.

Connell, R. (1995). *Masculinities*. Los Angeles: University of California Press.

Courtenay, W. (2009). Theorising masculinity and men's health. In A. Broom & P. Tovey (Eds.), *Men's health: Body, identity and social context* (pp. 9-32). West Sussex: Wiley Blackwell.

- Crockett, L., Raffaelli, M. & Shen, Y.L. (2006). Linking self-regulation and risk proneness to risky sexual behaviour: Pathways through peer pressure and early substance use. *Journal of Research on Adolescence*, 16 (4), 503-525.
- Crutchfield, R. (1955). Conformity and character. *American Psychologist*, 10 (5), 191-198.
- Cuervo, H. & Wyn, J. (2014). Reflections of the use of spatial and relational metaphors in youth studies. *Journal of Youth Studies*, 17 (7), 901-915.
- Cuijpers, P. (2002). Effective ingredients of school-based drug prevention programs: A systematic review. *Addictive Behaviours*, 27 (6), 1009-1023.
- Currier, D. (2003). Feminist technological futures: Deleuze and body/technology assemblages. *Feminist Theory*, 4 (3), 321-338.
- Curti, G. & Moreno, C. (2010). Institutional border, revolutionary imagining and the becoming-adult of the child. *Children's Geographies*, 8 (4), 413-427.
- Davis, E. (2004). Hedonic tantra: Golden Goa's trance transmission. In: G. St John (Ed.) *Rave, Culture and Religion* (pp. 256-273). Routledge: New York.
- de Visser, R. & McDonnell, E. (2012). "That's OK. He's a guy": a mixed-methods study of gender double-standards for alcohol use. *Psychology and Health*, 27 (5), 618-639.
- de Visser, R. & McDonnell, E. (2013). "Man points": Masculine capital and young men's health. *Health Psychology*, 32 (1), 5-14.
- de Visser, R. & Smith, J. (2006). Mister in-between: a case study of masculine identity and health-related behaviour. *Journal of Health Psychology*, 11 (5), 685-695.
- de Visser, R. Smith, J. & McDonnell, E. (2009). "That's not masculine": masculine capital and health-related behaviour. *Journal of Health Psychology*, 14 (7), 1047-1058.
- DeLanda, M. (2006). *A new philosophy of society: Assemblage theory and social complexity*. London: Continuum.

- Deleuze, G. (1988). *Spinoza: Practical philosophy*. San Francisco: City Lights Books.
- Deleuze, G. (1994 [1968]). *Difference and repetition*. New York: Columbia University Press.
- Deleuze, G. (1998). *Essays critical and clinical*. London & New York: Verso.
- Deleuze, G. (2001). *Pure immanence: Essays on a life*. New York: Zone Books.
- Deleuze, G., and Guattari, F. (1987). *A thousand plateaus: Capitalism and schizophrenia*. Minneapolis: University of Minnesota Press.
- Deleuze, G. & Guattari, F. (1994). *What is philosophy?* London & New York: Verso.
- Deleuze, G., and Parnet, C. (1987). *Dialogues*. New York: New York Columbia University Press.
- Demant, J. (2009). When alcohol acts: An Actor-Network approach to teenagers, alcohol and parties. *Body & Society*, 15 (1), 25-46.
- Demant, J. (2013). Affected in the nightclub. A case study of regular clubbers' conflictual practices in nightclubs. *International Journal of Drug Policy*, 24 (3), 196-202.
- Demant, J. & Østergaard, J. (2007). Partying as everyday life: Investigations of teenagers' leisure life. *Journal of Youth Studies*, 10 (5), 517-537.
- Demant, J. & Törrönen, J. (2011). Changing drinking styles in Denmark and Finland: Fragmentation of male and female drinking among young adults. *Substance Use & Misuse*, 46 (10), 1244-1255.
- Demant, J. & Dilkes-Frayne, E. (2015). Situational Crime Prevention in nightlife spaces: An ANT examination of PAD dogs and doorwork. In D. Robert & M. Dufresne (Eds.), *Actor-Network Theory and crime studies: Explorations in science and technology*. Surrey: Ashgate.

Denscombe, M. (2001). Peer Group Pressure, Young People and Smoking: new developments and policy implications. *Drugs: education, prevention and policy*, 8 (1), 7-32.

Department of Education Science and Training Australian Commonwealth Government (DEST). (2003). *Cannabis and consequences*. Canberra: Commonwealth of Australia.

Department of Education Science and Training Australian Commonwealth Government (DEST). (2003). *My TV*. Canberra: Commonwealth of Australia

Department of Education Science & Training Australian Commonwealth Government (2004). *Principles for school drug education*. Canberra: Commonwealth of Australia.

Department of Education and Early Childhood Development (DEECD), Victoria (2013). *Get Ready*. Melbourne: State of Victoria Department of Education and Early Childhood Development.

Department of Education Science and Training (2005). *L.E.A.D: Leading education about drugs*. Melbourne: Student Learning Division, Department of Education and Training.

Department of Education, Science and Training (2006). *In tune: Students participating in drug education*. Melbourne: Student Learning Division, Department of Education and Training.

Department of Education & Training, State of New South Wales. (2001). *Cannabis: Know the Risks!* Sydney: Drug Education Unit.

Department of Education & Training, State of Victoria. (2002). *Creating conversations: Talking about drug issues*. Melbourne: Office of School Education.

Department of Health, State of Victoria. (2010). *Is Your High Getting you Low? Cannabis and Mental Health: Teacher Resource for Years 9 and 10*. Melbourne: Victorian Government Department of Health

Department of Education Training & Employment State of South Australia (DE TSA) (1999). *Drug education R-12 teacher support package: Senior years*. Department of Education Training & Employment South Australia: Hyde Park.

Department of Health Australian Commonwealth Government (2014). *Positive choices*. National Drug & Alcohol Research centre: Sydney.

Department of Health and Ageing (2010). *Read this before Saturday night*. Youth magazine advertorial, National Drug Strategy 2010–2015.

Department of Health and Ageing Commonwealth of Australia. (2011). *Avoiding situations*. National Drugs Strategy 2010–2015.

Department of Health and Ageing Commonwealth of Australia. (undated). *Drugs: The real facts*. National Drugs Strategy 2010–2015.

Dilkes-Frayne, E. (2014). Tracing the “event” of drug use: The collective production of a night out on MDMA. *Contemporary Drug Problems*, 41 (3), 445-479.

Dilkes-Frayne, E. (2016). Drugs at the campsite: Socio-spatial relations and drug use at music festivals. *International Journal of Drug Policy*, 33, 27-35.

Dobson, A. (2014). “Sexy” and “laddish” girls: Unpacking the complicity between two cultural imag(ination)s of young femininity. *Feminist Media Studies*, 14 (2), 253-269.

Dobson, A. & Ringrose, J. (2016). Sext education: Pedagogies of sex, gender and shame in the schoolyards of Tagged and Exposed. *Sex education: Sexuality, Society and Learning*, 16 (1), 8-21.

Dorn, N. (1983). *Alcohol, youth and the state*. London & Canberra: Croom Helm.

Duff, C. (2003). The importance of culture and context: Rethinking risk and risk management in young drug using populations. *Health, Risk and Society*, 5 (3), 287-299.

- Duff, C. (2007). Towards a theory of drug use contexts: Space, embodiment and practice. *Addiction Research and Theory*, 15 (5), 503-519.
- Duff, C. (2008). The pleasure in context. *International Journal of Drug Policy*, 19 (5), 384-392.
- Duff, C. (2010). On the role of affect and practice in the production of place. *Environment and Planning D: Society and Space*, 28 (5), 881-895.
- Duff, C. (2011). Reassembling (social) contexts: New directions for a sociology of drugs. *International Journal of Drug Policy*, 22 (6), 404-406.
- Duff, C. (2012). Accounting for context: Exploring the role of objects and spaces in the consumption of alcohol and other drugs. *Social & Cultural Geography*, 31 (2), 145-159.
- Duff, C. (2013). The social life of drugs. *International Journal of Drug Policy*, 24 (3), 167-172.
- Duff, C. (2014a). *Assemblages of health: Deleuze's empiricism and the ethology of Life*. New York: Springer.
- Duff, C. (2014b). The place and time of drugs. *International Journal of Drug Policy*, 25 (3), 633-639.
- Duff, C. & Moore, D. (2014). Going out, getting about: atmospheres of mobility in Melbourne's night-time economy. *Social & Cultural Geography*, 16 (3), 299-314.
- Duff, C., Johnston, D., Moore, D. & Goren, N. (2007). *Dropping, connecting, playing and partying: Exploring the social and cultural contexts of ecstasy and related drug use in Victoria*. Premier's Drug Prevention Council, Melbourne.
- Dumas, T., Ellis, W. and Wolfe, D. (2012). Identity development as a buffer of adolescent risk behaviors in the context of peer group pressure and control. *Journal of Adolescence*, 35 (4), 917-927.
- Durkin, K. (1995). Peer pressure. In: A. Manstead & M. Hewstone (Eds.). *The Blackwell encyclopaedia of social psychology* (pp. 434-435). UK: Blackwell Publishing.

- Dwyer, R., Fraser, S. & Treloar, C. (2011). Doing things together? Analysis of health education materials to inform hepatitis C prevention among couples. *Addiction Research and Theory*, 19 (4), 352-361.
- Dwyer, R. & Moore, D. (2013). Enacting multiple methamphetamines: The ontological politics of public discourse and consumer accounts of a drug and its effects. *International Journal of Drug Policy*, 24 (3), 203-211.
- Edwards, W. (1954). Behavioral decision theory. *Annual Review of Psychology*, 12, 473-498.
- Elliot, K. (2008). Danger, control, and responsibility: The hidden curriculum of drug and alcohol education. *Sexuality Research & Social Policy*, 5 (2), 12-22.
- Erikson, E. (1968). *Identity youth and crisis*. New York: Norton & Company.
- Ettore, E. (1992). *Women and substance use*. Macmillan & Rutgers University Press: Houndmills.
- Ettore, E. (2007). *Revisioning women and drug use: Gender, power and the body*. Palgrave Macmillan: Basingstoke.
- Ettore, E. and Miles, S. (2002). Young people, drug use and the consumption of health. In: S. Henderson and A. Petersen (Eds.). *Consuming health: The commodification of health care* (pp. 173-187). New York: Routledge.
- Farrugia, A. (2014). Assembling the dominant accounts of youth drug use in Australian harm reduction drug education. *International Journal of Drug Policy*, 25 (4), 663-672.
- Farrugia, A. (2015). "Young can't just give your best mate a massive hug every day": Young men, play and MDMA. *Contemporary Drug Problems*, 42 (3), 240-256.
- Farrugia, A. (in press). Gender, reputation and regret: The ontological politics of Australian drug education. *Gender and Education*.

Farrugia, A. & Fraser, S. (in press). Science and scepticism: Drug information, young men and counterpublic health. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*.

Ferri, M., Allara, D., Bo, A., Gasparini, A. & Faggiano, F. (2013). Media campaigns for the prevention of illicit drug use in young people (review). *Cochrane Database of Systematic Reviews*, (6).

Fileborn, B. (2012). Sex and the city: Exploring young women's perceptions and experiences of unwanted sexual attention in licensed venues. *Current Issues in Criminal Justice*, 24 (2), 241-260.

Finch, E. & Munro, V. (2007). The demon drink and the demonized women: Socio-sexual stereotypes and responsibility attribution in rape trials involving intoxicants. *Social & Legal Studies* 16 (4), 591-614.

Fitzgerald, J. (1998). An assemblage of desire, drugs and techno. *Angelaki: Journal of Theoretical Humanities*, 3 (2), 41-57.

Fitzgerald, J. (2009). Mapping the experience of drug dealing risk environments: An ethnographic case study. *International Journal of Drug Policy*, 20 (3), 261-269.

Fitzgerald, J. (2015). *Framing drug use: Bodies, space, economy and crime*. Basingstoke: Palgrave Macmillan.

Fitzgerald, J. McDonald, K. & Klugman, M. (2004). *Unspoken but everpresent. Hepatitis C in a regional setting*. Melbourne: University of Melbourne.

Fitzgerald, J. & Threadgold, T. (2004). Fear of sense in the street heroin market. *International Journal of Drug Policy*, 15 (5-6), 407-417.

Fitzgerald, J. & Threadgold, T. (2007). Desire and the abject in the city becoming-other. *Cultural Studies Review*, 31 (1), 105-120.

Foster, K. & Spencer, D. (2013). "It's just a social thing": Drug use, friendship and borderwork among marginalized young people. *International Journal of Drug Policy*, 24 (3), 223-230.

Foucault, M. (1998 [1978]). *The Will to Knowledge: The history of sexuality volume one*. London: Penguin Books.

Foucault, M. (1980). *Language, counter-memory, practice: Selected essay and interviews*. Ithaca & New York: Cornell University Press:.

Fox, N. (1993). *Postmodernism, sociology and health*. Buckingham: Open University Press.

Fox, N. (2002). What a “risky” body can do: Why people’s health choices are not all based in evidence. *Health Education Journal*, 61 (2), 166-179.

Fox, N. (2011). The ill-health assemblage: Beyond the body-with-organs. *Health Sociology Review*, 20 (4), 359-371.

Fox, N. (2016). Health sociology from post-structuralism to new materialisms. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 20 (1), 62-74.

Foxcroft, D. & Tsertsvadze, A. (2011). Universal school-based prevention programs for alcohol misuse in young people. *Cochrane Database of Systematic Reviews*, (5).

Fraser, S. (2004). It’s your life!: Injecting drug Users, individual responsibility and hepatitis C prevention. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 8 (2), 199-221.

Fraser, S. (2006). The chronotope of the queue: Methadone maintenance treatment and the production of time, space and subjects. *International Journal of Drug Policy*, 17 (3), 192-202.

Fraser, S. (2010). More than one and less than many: Materialising hepatitis C and injecting drug use in self-help literature and beyond. *Health Sociology Review*, 19 (2), 230-244.

Fraser, S. (2013). The missing mass of morality: A new fitpack design for hepatitis C prevention in sexual partnerships. *International Journal of Drug Policy*, 24 (3), 212-219.

Fraser, S. & Moore, D. (2008). Dazzled by unity? Order and chaos in public discourse on illicit drug use. *Social Science and Medicine*, 66 (3), 740-752.

Fraser, S. & Moore, D. (2011a). Governing through problems: The formulation of policy on amphetamine-type stimulants (ATS) in Australia. *International Journal of Drug Policy*, 22 (6), 498-506.

Fraser, S. & Moore, D. (Eds.) (2011b). *The drug effect: Health, crime and society*. Cambridge University Press: Melbourne.

Fraser, S., Moore, D. & Keane, H. (2014). *Habits: Remaking addiction*. Basingstoke: Palgrave Macmillan.

Fraser, S. & Seear, K. (2011). *Making disease, making citizens: The politics of hepatitis C*. Farnham: Ashgate.

Fraser, S. & Treloar, C. (2006). "Spoiled identity" in hepatitis C infection: The binary logic of despair. *Critical Public Health*, 16 (2), 99-110.

Fraser, S., Treloar, C., Bryant, J. & Rhodes, T. (2014). Hepatitis C prevention education needs to be grounded in social relationships. *Drugs: Education, prevention and policy*. 21 (1), 88-92.

Fraser, S. & valentine, k. (2005). Gendered ethnographies: Researching drugs, violence and gender in New York. *Australian Feminist Studies*, 20 (46), 121-124.

Fraser, S. & valentine, k. (2008). *Substance and substitution: Methadone subjects in liberal societies*. Basingstoke: Palgrave Macmillan.

Fraser, S. valentine, K. & Seear, K. (in press). Emergent publics of alcohol and other drug policymaking. *Critical Policy Studies*.

Furby, L. & Beyth-Marom, R. (1992). Risk taking in adolescence: A decision making perspective. *Developmental Review*, 12 (1), 1-44.

Gabriel, F. (2013). *Deconstructing youth*. Basingstoke: Palgrave Macmillan.

Gane, N. (2009). Concepts and the “new” empiricism. *Europeans Journal of Social Theory*, 12 (1), 83-97.

Gastaldo, D. (1997). Is health education good for you? Rethinking health education through the concept of biopower. In A. Petersen and R. Bunton (Eds.), *Foucault, health and medicine* (pp. 113–33). London & New York: Routledge.

Gatens, M. (2000). Feminism as “password”: re-thinking the “possible” with Spinoza and Deleuze. *Hypatia*, 15 (2), 59-75.

Glider, O., Midyett, S., Mills-Novoa, B., Johannessen, K. & Collin, C. (2001). Challenging the collegiate rite of passage: A campus-wide social marketing media campaign to reduce binge drinking. *Journal of Drug Education*, 31 (2), 207-220.

Gomart, E. (2002). Methadone: six effects in search of a substance. *Social Studies of Science*, 32 (1), 93-135.

Gomart, E. & Henion, A. (1999). A sociology of attachment: Music amateurs, drug users. *The Sociological Review*, 47 (1), 220-247.

Gough, B. & Edwards, G. (1998). The beer talking: Four lads, a carry out and the reproduction of masculinities. *The Sociological Review*, 46 (3), 409-453.

Gordon, W. & Clement, S. (in press). Women drinking alcohol: Assembling a perspective from a Victorian country town, Australia. *Gender, Place & Culture*.

Gorman, D. (2015a). Analytic flexibility in the evaluation of the Drug Education in Victoria Schools (DEVS) programme. *International Journal of Drug Policy*, 26 (8), 719-720.

Gorman, D. (2015b). “Everything works”: The need to address confirmation bias in evaluations of drug misuse prevention interventions for adolescents. *Addiction*, 110 (10), 1539-1540.

Government of Western Australia (2009). *Choices: Alcohol and other drugs*. School Drug Education and Road Aware.

Graham, L. (2007). Speaking of “disorderly” objects: A poetics of pedagogical discourse. *Discourse: Studies in the Cultural Politics of Education*, 28 (1), 1-20.

Greco, M. (2009). Thinking beyond polemics: Approaching the health society through Foucault. *Österreichische Zeitschrift für Soziologie*, 34 (2), 13-27.

Green, R. (2016). “I wonder what age you grow out of it?”: Negotiation of recreational drug use and the transition to adulthood among an Australian ethnographic sample. *Drugs: Education, Prevention and Policy*, 23 (3), 202-211.

Green, R. & Moore, D. (2009). “Kiddie drugs” and controlled pleasure: recreational use of dexamphetamine in a social network of young Australians. *International Journal of Drug Policy*, 20 (5), 402-408.

Grosz, E. (1993). A thousand tiny sexes: Feminism and rhizomatics. *Topoi*, 12 (2), 167-179.

Grosz, E. (1994). *Volatile bodies: Towards a corporeal feminism*. Bloomington & Indianapolis: Indian University Press.

Grosz, E. (2005). Begson, Deleuze and the becoming of unbecoming. *Parallax*, 11 (2), 4-13.

Hall, G.S. (1904). *Adolescence*, Vol. 1. New York: Appleton and Company.

Harris, J., Lorvick, J., Wenger, L., Wilkins, T., Iguchi, M., Pourgois, P. & Kral, A. (2012). Low-frequency heroin injection among out-of-treatment, street-recruited injection drug users. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 90 (2), 299-306.

Harrison, L., Kelly, P., Lindsay, J., Advocat, J. & Hickey, C. (2011) ‘I don’t know anyone that has two drinks a day’: Young people, alcohol and the government of pleasure. *Health, Risk and Society* 13 (5), 469-486.

Hart, A. (2015). Assembling interrelations between low socioeconomic status and acute alcohol-related harms among young adult drinkers. *Contemporary Drug Problems*, 42 (2), 148-167.

Hart, A. & Moore, D. (2014). Alcohol and alcohol effects: Constituting causality in alcohol epidemiology. *Contemporary Drug Problems*, 41 (3), 393-416.

Hathaway, A. Comeau, N. & Erickson, P. (2011). Cannabis normalization and stigma: Contemporary practices of moral regulation. *Criminology & Criminal Justice*, 11 (5), 451-469.

Hebdidge, D. (1979). *Subculture: The meaning of style*. Routledge: London.

Henderson, S. (1993). Luvdup and de-elited: Responses to drug use in the second decade. In P. Aggleton, P. Davies, & G. Hart (Eds.), *AIDS: Facing the second decade* (119-131). Falmer: London.

Hickey, S., McIlwraith, F., Bruno, R., Matthews, A. & Alati, R. (2012). Drug detection dogs in Australia: More bark than bite? *Drug and Alcohol Review*, 31 (6), 778-783.

Hitchings, R. (2011). Researching air-conditioning addiction and ways of puncturing practice: Professional office workers and the decision to go outside. *Environmental and Planning A*, 43 (12), 2838-2856.

Holland, J., Ramazanoglu, C., Sharpe, S. & Thomson, R. (1998). *The Male in the head*. London: The Tufnell Press.

Holloway, S., Valentine, G. & Jayne, M. (2009). Masculinity, femininities and the geographies of public and private drinking landscapes. *Geoforum*, 40 (5), 821-831.

Holt, M. (2013). Enacting and imagining gay men: The looping effects of behavioural HIV surveillance in Australia. *Critical Public Health*, 23 (4), 404-417.

Hughes, C., Jullian, R., Richman, M., Mason, R. & Long, G. (2008). Harnessing the power of perceptions: Reducing alcohol-related harm among rural teenagers. *Youth Studies Australia*, 27 (2), 26-35.

Hunt, G. & Evans, K. (2008). “The great unmentionable”: Exploring the pleasures and benefits of ecstasy from the perspectives of drug users. *Drugs: Education, Prevention and Policy*, 15 (4), 329-349.

Hunt G, Evans, K. & Kares, F. (2007). Drug use and meanings of risk and pleasure. *Journal of Youth Studies*, 10 (1), 73–96.

Intergovernmental Committee on Drugs (IGCD). (2015). *National Drug Strategy 2016–2025 Draft: For Public Consultation*. Canberra: Intergovernmental Committee on Drugs, 1–37.

Irigaray, L. (1985). *The sex which is not one*. Ithaca and New York: Cornell University Press.

Jackson, P. (2004). *Inside clubbing: Sensual experiments in the art of being human*. Oxford & New York: Berg.

Jackson, C. & Tinkler, P. (2007). “Ladettes” and “modern girls”: “Troublesome” young femininities. *The Sociological Review*, 55 (2), 251-272.

Jessor, R., Costa, F., Krueger, P. & Turbin, M. (2006). A developmental study of heavy episodic drinking among college students: The role of psychosocial and behavioural protective and risk factors. *Journal of Studies on Alcohol and Drugs*, 67 (1), 86-94.

Jordan, T. (1995). Collective bodies: Raving and the politics of Gilles Deleuze and Felix Guattari. *Body & Society*, 1 (1), 125-144.

Keane, H. (2002). *What's wrong with addiction?* Melbourne: Melbourne University Press.

Keane, H. (2005a). Addiction and the bioethics of difference. In: M. Shildrick & R. Mykitiuk R. (Eds.). *Ethics of the body: Postconventional challenges* (pp. 91-112). Massachusetts: MIT Press.

Keane, H. (2005b). Diagnosing the male steroid user: Drug use, body image and disordered masculinity. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 9 (2), 189-208.

- Keane, K. (2013). Making smokers difference with nicotine: NRT and quitting smoking. *International Journal of Drug Policy*, 24 (3), 189-195.
- Kelly, P. (2003). Growing Up as Risky Business? Risks, Surveillance and the Institutionalized Mistrust of Youth. *Journal of Youth Studies*, 6 (2), 165-180.
- Kelly, P. (2006). The entrepreneurial self and youth at-risk: exploring the horizons of identity in the 21st century. *Journal of Youth Studies*, 9 (1), 17-32.
- Kelly, P. (2012). The brain in the jar: A critique of discourses of adolescent brain development. *Journal of Youth Studies*, 15 (7), 944-959.
- Kofoed, J. & Ringrose, J. (2012). Travelling and sticky affects: Exploring teens and sexualized cyberbullying through a Butlerian-Deleuzian-Guattarian lens. *Discourse: Studies in the Cultural Politics of Education*, 33 (1), 5-20.
- Kuntsche, E. Rehm, J. & Gmel, G. (2004). Characteristics of binge drinkers in Europe. *Social Science & Medicine*, 59 (1), 113-127.
- Kutner, T. (2002). Rational decision perspectives on alcohol consumption by youth: Revising the theory of planned behaviour. *Addictive Behaviors*, 27 (1), 35-47.
- Lancaster, K. (2014). Social construction and the evidence-based drug policy endeavour. *International Journal of Drug Policy*, 25 (5), 940-951.
- Lancaster, K. & Ritter, A. (2014). Examining the construction and representation of drugs as a policy problem in Australia's National Drug Strategy documents 1985-2010. *International Journal of Drug Policy*, 25 (1), 81-87.
- Lancaster, K., Duke, K. & Ritter, A. (2015). Producing the 'problem of drugs': A cross national-comparison of 'recovery' discourse in two Australian and British reports. *International Journal of Drug Policy*, 26 (7), 617-625.

Lancaster, K., Santana, L., Madden, A. & Ritter, A. (2015). Stigma and subjectivities: Examining the textured relationship between lived experience and opinions about drug policy among people who inject drugs. *Drugs: Education, Prevention and Policy*, 22 (3), 224-231.

Landau, J. (2004). The fresh of raving: Merleau-Ponty and the “experience” of ecstasy. In: G. Hunt, M. Milhet & H. Bergeron (Eds.) *Drugs and Culture: Knowledge, Consumption and Policy* (pp. 107-125). Ashgate: Farnham.

Lash, S. (2006). Life (vitalism). *Theory, Culture & Society*, 23 (2-3), 323-329.

Latour, B. (2004). How to talk about the body? The normative dimension of science studies. *Body & Society*, 10 (2-3), 205-229.

Law, J. (2004). *After method: Mess in social science research*. London & New York: Routledge.

Law, J. (2007). Pinboards and books: Learning, materiality and juxtaposition. In: D. Kritt & L. Winegar (Eds.) *Education and technology: Critical perspectives, possible futures* (pp. 125-50). Winegar: Lexington Books.

Law, J. (2011). Collateral realities. In: F. Rubio & P. Baert (Eds.) *The politics of knowledge* (pp.156-178). London: Routledge.

Leahy, D. (2013). Assembling a health[y] subject: risky and shameful pedagogies in health education. *Critical Public Health*, 24 (2), 171-181.

Leahy, D. & Malins, P. (2015). Biopedagogical assemblages: Exploring school drug education in action. *Cultural Studies – Critical Methodologies*, 15 (5), 398-406.

Leigh, B. (1995). A thing so fallen, and so vile: Images of drinking and sexuality in women. *Contemporary Drug Problems*, 22 (fall), 415-434.

Lende, D., Leonard, T., Sterk, C. & Kirk, E. (2007). Functional methamphetamine use: The insider’s perspective. *Addiction Research & Theory*, 15 (5), 465-477.

- Lesko, N. (2001). *Act your age! A cultural construction of adolescence*. New York: Routledge Falmer.
- Leyshon, M. (2008). "We're stuck in the corner": Young women, embodiment and drinking in the countryside. *Drugs: Education, Prevention, and Policy*, 15 (3), 267-289.
- Lindsay, J. (2006). A big night out in Melbourne: drinking as an enactment of class and gender. *Contemporary Drug Problems*, 33 (Spring), 29-61.
- Lloyd, C. (2013). The stigmatization of problem drug users: A narrative literature review. *Drugs: Education, Prevention and Policy*, 20 (2), 85-95.
- Lloyd, B. & Lucas, K. (1998). *Smoking in adolescence: Images and identities*. London & New York: Routledge.
- Lunnay, B., Ward, P. & Borlagdan, J. (2011). The practise and practice of Bourdieu: the application of social theory to youth alcohol research. *International Journal of Drug Policy*, 22 (6), 428-436.
- Lupton, D. (1995). *The imperative of health*. London, Thousand Oaks, New Delhi: Sage.
- Lupton, D. (2013). Risk and emotion: Towards an alternative theoretical perspective. *Health, Risk & Society*, 15 (8), 634-647.
- Lupton, D. (2015). The pedagogy of disgust: the ethical, moral and political implications of using disgust in public health campaigns. *Critical Public Health*, 25 (1), 4-14.
- Lupton, D. & Petersen, A. (1996). *The new public health: Health and delf in the age of risk*. St Leonards: Allen and Unwin.
- MacLean, S. (2005). "It might be a scummy-arsed drug but it's a sick buzz": Chroming and pleasure. *Contemporary Drug Problems*, 32 (2), 295-318.
- MacLean, S. (2008). Volatile bodies: Stories of corporeal pleasure and damage in marginalised young people's drug use. *International Journal of Drug Policy*, 19 (5), 375-383.

- MacLean, S. (2016). Alcohol and the constitution of friendship for young adults. *Sociology*, 51 (1), 93-108.
- MacLean, S. & Moore, D. (2014). "Hyped up": Assemblages of alcohol, excitement and violence from out-suburban young adults in the inner-city at night. *International Journal of Drug Policy*, 25 (3), 378-385.
- Malbon, B. (1999). *Clubbing: Dancing, ecstasy, vitality*. New York: Routledge.
- Malins, P. (2004a). Machinic assemblages: Deleuze, Guattari and an ethico-aesthetics of drug use. *Janus Head*, 7 (1), 84-104.
- Malins, P. (2004b). Body-space assemblages and folds: theorizing the relationship between injecting drug user bodies and urban space. *Continuum: Journal of Media & Cultural Studies*, 18 (4), 483-495.
- Malins, P., Fitzgerald, J., & Threadgold, T. (2006). Spatial "folds": The entwining of bodies, risks and city spaces for women injecting drug users in Melbourne's Central Business District. *Gender, Place and Culture: A Journal of Feminist Geography*, 13 (5), 509-527.
- Mandelbaum, D. (1965). Alcohol and culture. *Current Anthropology*, 6 (3), 281-293.
- Marcus, G. & Saka, E. (2006). Assemblage. *Theory, Culture & Society*, 23 (2-3), 101-106.
- Marrati, P. (2006). Time and affects. *Australian Feminist Studies*, 21 (51), 313-325.
- Martin, F. & Aston, S. (2014). A "special problem" with "unique treatment needs": Dominant representations of "women's substance abuse" and their effects". *Contemporary Drug Problems*, 41 (3), 335-360.
- Massumi, B. (1987). Pleasures of philosophy. In: G. Deleuze & F. Guattari, *A thousand plateaus: Capitalism and schizophrenia* (pp. ix-xv). Minneapolis & London: University of Minnesota Press.

Massumi, B. (2002). *Parables of the virtual: Movement, affect, and sensation*. Durham & London: Duke University Press.

Matthews, J. (2002). An ambiguous juncture: Racism and the formation of Asian femininity. *Australian Feminist Studies*, 17 (38), 207-219.

McAlaney, J., Bewick, B. & Hughes, C. (2011). The international develop of the “social norms” approaches to drug education and prevention. *Drugs: Education, Prevention and Policy*, 18 (2), 81-89.

McBride, N. (2003). A systematic review of school drug education. *Health Education Research*, 18 (6), 729-742.

McBride, N., Farrington, F., Midford, R., Meuleners, L., & Phillips, M. (2004). Harm minimization in school drug education: Final results of the School Health and Alcohol Harm Reduction Project (SHAHRP). *Addiction*, 99 (3), 278–291.

McBride, N., Farrington, F., Stevens, C., & McKay, M. (2012). *SHAHRP Refresh Project: Up-dating the School Health and Alcohol Harm Reduction Project. Final Report*. National Drug Research Institute, Perth, Western Australia.

McCormack, D. & Schwanen, T. (2011). Guest editorial: The space – times of decision making. *Environment and Planning A*, 43 (12), 2801-2818.

McFarlane, C. (2011). On context. *City: Analysis of Urban Trends, Culture, Theory, Policy, Action*, 15 (3-4), 375-388.

McLeod, K. (2014). The missing work of collaboration: Using assemblages to rethink antidepressant action. *Contemporary Drug Problems*, 41 (4), 109-141.

McElrath, K. & McEvoy, K. (2002). Fact fiction and function: Myth making and the social construction of ecstasy use. *Substance Use & Misuse*, 36 (1-2), 1-22.

McRobbie, A. (1994). *Postmodernism and popular culture*. London & England: Routledge.

- Measham, F. (2002). "Doing gender"-"doing drugs": conceptualising the gendering of drug cultures. *Contemporary Drug Problems*, 29 (Summer), 335-373.
- Measham, F. (2004). Play space: Historical and socio-cultural reflections on drugs, licensed leisure locations, commercialisation and control. *International Journal of Drug Policy*, 15 (5-6), 337-345.
- Measham, F. & Brain, K. (2005). "Binge" drinking, British alcohol policy and the new culture of intoxication. *Crime, Media, Culture*, 1 (3), 262-283.
- Meyer, A. (2010). "Too drunk to say no": Binge drinking, rape and the *Daily Mail*. *Feminist Media Studies*, 10 (1), 19-34.
- Michael, M. & Rosengarten, M. (2012). Medicine: Experimentation, politics, emergent bodies. *Body & Society*, 18 (3&4), 1-17.
- Middleton, J. (2011). "I'm on autopilot, I just follow the route": Exploring the habits, routines, and decision-making practices of everyday urban mobilities. *Environmental and Planning A*, 43 (12), 2857-2877.
- Midford, R. (2000). Does drug education work?. *Drug and Alcohol Review*, 19 (4), 441-446.
- Midford, R. (2007). Is Australia "fair dinkum" about drug education in schools?. *Drug and Alcohol Review*, 26 (4), 421-427.
- Midford, R. (2010). Drug prevention programmes for young people: Where have we been and where should we be going? *Addiction*, 105 (10), 1688-1695.
- Midford, R., Cahill, H., Foxcroft, D., Lester, L., Venning, L., Ramsden, R., *et al.* (2012). Drug education in Victorian schools (DEVS): The study protocol for a harm reduction focused school drug education trial. *BMC Public Health*, 12, 112.
- Midford, R., Mitchell, J., Lester, L., Cahill, H., Foxcroft, D., Ramsden, R., Venning, L. & Pose, M. (2014). Preventing alcohol harm: early results from a cluster randomised, controlled trial in

Victoria, Australia of comprehensive harm minimisation school drug education. *International Journal of Drug Policy*, 25 (1), 142-150.

Midford, R., Munro, G., McBride, N., Snow, P. & Ladzinski, U. (2002). Principles that underpin effective school-based drug education. *Journal of Drug Education*, 32 (4), 363-386.

Miller, P. (2001). A critical review of the harm minimization ideology in Australia. *Critical Public Health*, 11 (2), 167-178.

Mitchell, L. & West, P. (1996). Peer pressure to smoke: the meaning depends on the method. *Health Education Research*, 11 (1), 39-49.

Mol, A. (1999). Ontological politics: A word and some questions. In: J. Law. & J. Hassard (Eds.) *Actor Network Theory and after* (pp. 74-89). Oxford: Blackwell.

Mol, A. (2002). *The body multiple: Ontology in medical practice*. Durham & London: Duke University Press.

Mol, A. & Law, J. (2002). Complexities: An introduction. In: A. Mol & J. Law (Eds.) *Complexities: Social studies of knowledge practices* (pp. 1-22). Durham & London: Duke University Press.

Moloney, M. & Hunt, G. (2011). Ecstasy, gender, and accountability in a rave culture. In: G. Hunt, M. Milhet & H. Bergeron (Eds.) *Drugs and Culture: Knowledge, Consumption and Policy* (pp. 171-194). Ashgate: Farnham.

Moore, D. (1990). Anthropological reflections on youth drug use research in Australia: What we don't know and how we should find out. *Drug and Alcohol Review*, 9 (4), 333-342.

Moore, D. (1993). Beyond Zinberg's "social setting": A processural view of illicit drug use. *Drug and Alcohol Review*, 12 (4), 413-421.

Moore, D. (1995). Raves and the Bohemian search for self and community: A contribution to the anthropology of public events. *Anthropological Forum*, 7 (2), 193-214.

- Moore, D. (2002). Opening up the cul-de-sac of youth drug studies: A contribution to the construction of some alternative truths. *Contemporary Drug Problems*, 29 (1), 13-63.
- Moore, D. (2004). Governing street-based injecting drug users: A critique of heroin overdose prevention in Australia. *Social Science & Medicine*, 59 (7), 1547-1557.
- Moore, D. (2010). Beyond disorder, danger, incompetence and ignorance: Rethinking the youthful subject of alcohol and other drug policy, *Contemporary Drug Problems*, 37 (Fall), 475-498.
- Moore, D. (2011). The ontological politics of knowledge production: Qualitative research in the multidisciplinary drug field. In: S. Fraser & D. Moore (Eds.) *The drug effect: Health, crime and society* (pp. 73-88). Cambridge: Cambridge University Press.
- Moore, D. & Dietze, P. (2005). Enabling environments and the reduction of drug-related harm: Re-framing Australian policy and Practice. *Drug and Alcohol Review*, 24 (3), 275-284.
- Moore, D., & Fraser, S. (2006). Putting at risk what we know: Reflecting on the drug-using subject in harm reduction and its political implications. *Social Science and Medicine*, 62 (12), 3035-3047.
- Moore, D. & Valverde, M. (2000). Maidens at risk: “date rape drugs” and the formation of hybrid risk knowledges. *Economy and Society*, 29 (4), 514-531.
- Moore, K. & Measham, F. (2008). “It’s the most fun you can have for twenty quid”: Meanings, motivations, and consequences of British ketamine use. *Addiction Research and Theory*, 16 (3), 231–244.
- Moore, K. & Measham, F. (2013). Exploring emerging perspectives on gender and drug Use. In W. Mistral (Eds.) *Emerging perspectives on substance misuse* (pp. 80-97). Chichester: Wiley Blackwell.
- Mugford, S. (1993). Social change and the control of psychotropic drugs—Risk management, harm reduction and “postmodernity”. *Drug and Alcohol Review*, 12 (4), 369-375.

Munro, G. & Midford, R. (2001). Zero tolerance and drug education in Australian schools. *Drug and Alcohol Review*, 20 (1), 105-109.

Murphy, D., Wilson, J. & Moore, D. (in press). Playing hard: Young men's experiences of drinking in inner-city Melbourne. *Journal of Sociology*.

Nasir, S. & Rosenthal, D. (2009). The social context of initiation into injecting drugs in the slums of Makassar, Indonesia. *International Journal of Drug Policy*, 20 (3), 237-243.

National Cannabis Prevention and Information Centre (NCPIC). (2011). *Cannabis and consequences II*. National Cannabis Prevention and Information Centre, University of New South Wales: Sydney.

National Cannabis Prevention and Information Centre (NCPIC). (2011). *Fast facts on cannabis*. National Cannabis Prevention and Information Centre, University of New South Wales: Sydney.

National Cannabis Prevention and Information Centre (NCPIC). (2012). *Making the link: Promoting help seeking for cannabis use and mental health*. National Cannabis Prevention and Information Centre, University of New South Wales: Sydney.

New South Wales Department of Health (2006). *Drug smart*. NSW Ministry of Health: Sydney.

Newton, N., Teesson, M., Vogl, L. E., & Andrews, G. (2010). Internet-based prevention for alcohol and cannabis use: Final results of the Climate Schools course. *Addiction*, 105(4), 749-759.

Nicholson, T., Duncan, D., White, J. & Stickle, F. (2013). Focusing on abuse, not use, in drug education. *Journal of Substance Use*, 18 (6). 431-439.

Niland, P., Lyons, A., Goodwin, I. & Hutton, F. (2013). "Everyone can loosen up and get a bit of a buzz on": Young adults, alcohol and friendship practices. *International Journal of Drug Policy*, 24 (6), 530-537.

Northcote, J. (2006). Nightclubbing and the search for identity: Making the transition from childhood to adulthood in an urban milieu. *Journal of Youth Studies*, 9 (1), 1-16.

O'Malley, P. (1999). Consuming risks: Harm minimization and the governing of "drug users". In: R. Smandych (Eds.) *Governable places: Readings on governmentality and crime control* (pp. 191-214). Surrey: Ashgate.

O'Malley, P., & Valverde, M. (2004). Pleasure, freedom and drugs: The uses of 'pleasure' in liberal governance of drug and alcohol consumption. *Sociology*, 38 (25), 25-42.

Panagopoulos, I. & Ricciardelli, L. (2005). Harm reduction and decision making among recreational ecstasy users. *International Journal of Drug Policy*, 16 (1), 54-64.

Parker, H. (1974). *View from the boys: A sociology of down-town adolescents*. Newton Abbot: David & Charles.

Pedersen, W. (1994). Rites of passage in high modernity. *Young: Nordic Journal of Youth Research*, 2 (1), 21-32.

Pennay, A. (2012). Carnal pleasures and grotesque bodies: regulating the body during a "big night out" of alcohol and party drug use. *Contemporary Drug Problems*, 39 (Fall), 397-428.

Pennay, A. & Moore, D. (2010). Exploring the micro-politics of normalisation: Narratives of pleasure, self-control and desire in a sample of young Australian "party drug" users. *Addiction Research and Theory*, 18 (5), 557-571.

Peters, E., Vastfjall, D., Garling, T. & Slovic, P. (2006). Affect and decision making: A hot topic. *Journal of Behavioural Decision Making*, 19 (2), 79-85.

Petersen, A. (1997). Risk, governance and the new public health. In A. Petersen & R. Bunton (Eds.), *Foucault, health and medicine* (pp. 188-206). London & New York: Routledge.

Petersen, A. & Bunton, R. (Eds.) (1997). *Foucault, Health and Medicine*. London and New York: Routledge.

Piaget, J. (1967). *Six psychological studies*. New York: Vintage Books.

Pilkington, H. (2007a). Beyond “peer pressure”: Rethinking drug use and “youth culture”. *International Journal of Drug Policy*, 18 (3), 213-224.

Pilkington, H. (2007b). In good company: Risk, security and choice in young people’s drug decisions. *The Sociological Review*, 55 (2), 373-392.

Pini, M. (1997). Women and the early British rave scene. In A. McRobbie (Ed.), *Back to reality? Social experience and cultural studies* (pp. 152–169). Manchester: Manchester University Press.

Poulsen, M. (2015). Embodied subjectivities: Bodily subjectivity, sexuality and changing boundaries in post-human alcohol practices. *Contemporary Drug Problems*, 42 (1), 3-19.

Potts, A. (2004). Deleuze on Viagra (or, what can a ‘Viagra-body’ do?). *Body & Society*, 10 (1), 17-36.

Prevention Directorate, Drug & Alcohol Office. (2006). *Ecstasy: The Facts*. Perth: Government of Western Australia Drug & Alcohol Office.

Quintero, G. & Estrada, A. (1998). Cultural models of masculinity and drug use: “Machismo”, heroin, and street survival on the U.S.-Mexico border. *Contemporary Drug Problems*, 52 (1), 147-168.

Race, K. (2009). *Pleasure consuming medicine*. Durham & London: Duke University Press.

Race, K. (2011). Drug effects, performativity and the law. *International Journal of Drug Policy*, 22 (6), 410-412.

Race, K. (2014). Complex events: Drug effects and emergent causality. *Contemporary Drug Problems*, 41 (3), 301–334.

Race, K. (2015). “Party and play”: Online hook-up devices and the emergence of PNP practices among gay men. *Sexualities*, 18 (3), 253-275.

- Radcliffe, P. & Stevens, A. (2008). Are treatment services on for “thieving junkie scumbags”? Drug users and the management of stigmatised identities. *Social Science and Medicine*, 67 (7), 1065-1073.
- Ravn, S. & Duff, C. (2015). Putting the party down on paper: a novel method for mapping youth drug use in private settings. *Health & Place*, 31, 124-132.
- Rhodes, T. (2002). The “risk environment”: A framework for understand and reducing drug-related harm. *International Journal of Drug Policy*, 13 (2), 85-94.
- Rhodes, T. (2009). Risk environments and drug harms: a social science for harm reduction approach. *International Journal of Drug Policy*, 20 (3), 193-201.
- Rhodes, T. & Moore, D. (2001). On the qualitative in drugs research: Part one. *Addiction Research & Theory*, 9 (4), 279-297.
- Rhodes, T., Singer, M., Bourgois, P., Friedman, S. & Strathdee, A. (2005). The social structural production of HIV risk among injecting drug users. *Social Science & Medicine*, 61 (5), 1026-1044.
- Robins, L. (1973). A followup of Vietnam drug users. *Special Action Office Monograph*, Series A (1), U.S Government Printing Office: Washington.
- Rødner, S. (2005). “I am not a drug abuser, I am a drug user”: A discourse analysis of 44 drug users’ construction of identity. *Addiction Research & Theory*, 13 (4), 333-346.
- Romer, D. & Hennessy, M. (2007). A biosocial-affect model of adolescent sensation seeking: The role of affect evaluation and peer-group influence in adolescent drug use. *Prevention Science*, 8 (2), 89-101.
- Room, R. (2005). Stigma, social inequality and alcohol and drug use. *Drug and Alcohol Review*, 24 (2), 143-155.
- Rose, N. (1996). *Inventing our selves: Psychology, power and personhood*. Cambridge University Press: Cambridge.

Saldana, A. (2004). Goa trance and trance in Goa: Smooth striations. In: G. Hunt, M. Milhet & H. Bergeron (Eds.) *Drugs and Culture: Knowledge, Consumption and Policy* (pp. 273-287). Ashgate: Farnham.

Sande, A. (2002) Intoxication and rite of passage to adulthood in Norway, *Contemporary Drug Problems*, 29 (2), 277–303.

Sansom, B. (1980). *The camp at Wallaby Cross*. Australian Institute of Aboriginal Studies: Canberra.

Scheier, L. & Grenard, J. (2010). Influence of nationwide social marketing campaign on adolescent drug use. *Journal of Health Communication*, 15 (3), 240-271.

Secar, K. & Fraser, S. (2014). The addict as victim: Producing the “problem” of addiction in Australian victims of crime compensation. *International Journal of Drug Policy*, 25 (5), 826-835.

Shaviro, S. (2007). Deleuze’s encounter with Whitehead. (Online). Available: <http://www.shaviro.com/Othertexts/DeleuzeWhitehead.pdf> (accessed 5 January 2017).

Sherman, S., Latkin, C., & Gielen, A. (2001). Social factors related to syringe sharing among injecting partners: A focus on gender. *Substance Use & Misuse*, 36 (14), 2113-2136.

Simmonds, L. & Coomber, R. (2009). Injecting drug users: A stigmatised and stigmatising population. *International Journal of Drug Policy*, 20 (2), 121-130.

Siokou, C. (2002). Seeking the vibe. *Youth Studies Australia*, 21 (1), 11-18.

Siokou, C. & Moore, D. (2008). “This is not a rave!” Changes in the commercialised Melbourne rave/dance party scene. *Youth Studies Australia*, 27 (3), 50-57.

Smith, D. (2007). Deleuze and the question of desire: Toward an immanent theory of ethics. *Parrhesia: A Critical Journal of Philosophy*, 2 (2), 66-78.

- Soole, D., Mazerolle, L. & Rombouts, S. (2008). School-based adolescent drug prevention programs: a review of what works. *Australian and New Zealand Journal of Criminology*, 41 (2), 259-286.
- Spinoza, B. (1994). Ethics. In: E. Curley (Ed.), *A Spinoza reader: The ethics and other works* (pp. 85-265). Princeton: Princeton University Press.
- Stagoll, C. (2005). Difference. In: A. Parr (Ed.) *The Delenxe dictionary* (pp. 74-76). Edinburgh: Edinburgh University Press.
- Stevens, L., Hunter, L., Pendergast, D., Carrington, V., Bahr, N., Kapitzke, C., & Mitchell, J. (2007). Reconceptualising the possible narratives of adolescence. *Australian Educational Researcher*, 34 (1), 107-127.
- Studer, J., Baggio, S., Deline, S., N'Goran, A., Henchoz, Y., Mohler-Kuo, M., Daeppen, J., & Gmel, G. (2014). Peer pressure and alcohol use in young men: A mediation analysis of drinking motives. *International Journal of Drug Policy*, 25 (4), 700-708.
- Tait, G. (2001). Pathologising difference, governing personality. *Asia-Pacific Journal of Teacher Education*, 29 (1), 93-102.
- Teeson, M., Newton, N. & Barrett, E. (2012). Australian school-based prevention programs for alcohol and other drugs: A systematic review. *Drug and Alcohol Review*, 31 (6), 731-736.
- Thomson, N. & Moore, D. (2014). Methamphetamine “facts”: The production of a “destructive” drug in Australian scientific texts. *Addiction Research & Theory*, 22 (6), 451-462.
- Törrönen, J. & Maunu, A. (2011). Friendship and social emotions in young adult Finns' drinking diaries. *Sociological Research Online*, 16 (1), 1-4.
- Toumbourou, J., Stockwell, T., Neighbors, C., Marlatt, G., Sturge, J., & Rehm, J. (2007). Interventions to reduce harm associated with adolescent substance use. *The Lancet*, 369 (9570), 1391-1401.

Townshend, T. (2013). Youth, alcohol and place-based leisure behaviours: A study of two locations in England. *Social Science & Medicine*, 91, 153-161.

Tupper, K. (2008b). Drugs, discourses and education: a critical discourse analysis of a high school drug education text. *Discourse: Studies in the Cultural Politics of Education*, 29 (2), 223-238.

Tupper, K. (2008a). Teaching teachers to just say “know”: Reflections on drug education. *Teaching and Teacher Education*, 24 (2), 356-367.

Tupper, K. (2014). Sex, drugs and the honour roll: The perennial challenges of addressing moral purity issues in schools. *Critical Public Health*, 24 (2), 115-131.

Turner, V. (1990). Liminality and community. In J. Alexander & S. (Eds.) Seidman *Culture and society: Contemporary debates* (pp. 147-154.) Cambridge: Cambridge University Press.

Turner, G. & Shepherd, J. (1999). A method in search of a theory: Peer education and health promotion. *Health Education Research*, 14 (2), 235-247.

valentine, k. & Fraser, S. (2008). Trauma, damage and pleasure: rethinking problematic drug use. *International Journal of Drug Policy*, 19 (5), 410-416.

Vastfjall, D. & Garling, T. (2006). Preference for negative emotions. *Emotion*, 6 (2), 326-329.

Victorian Government Directorate of School Education. (1995). *Get real: A harm minimisation approach to drug education for primary and secondary schools*. Melbourne: Department of Education.

Victorian Drug and Alcohol Prevention Council (2010). *2009 Victorian youth alcohol and drug survey*. Melbourne: State Government Victoria Department of Health.

Vitellone, N. (2008). *Object matters: Condoms, adolescence and time*. Manchester: Manchester University Press.

Vitellone, N. (2010). Just another night in the shooting gallery?: The syringe space and affect. *Environment and Planning D: Society and Space*, 28 (5), 867-880.

- Vogl, L., N. Newton, M. Teesson, W. Swift, A. Karageorge, C. Deans, R. McKetin, et al. (2012). *Climate Schools: Universal Computer-Based Programs to Prevent Alcohol and Other Drug Use in Adolescence*. NDARC Technical Report Number 321, 1–164.
- Vygotsky, L. (1991 [1931]). Imagination and creativity in the adolescent. *Society Psychology*, 29 (1), 73-88.
- Waitt, G. & Clement, S. (2016). Women drinking alcohol: Assembling a perspective from a Victorian country town, Australia. *Gender, Place & Culture: A Journal of Feminist Geography*, 23 (8), 1121-1134.
- Waitt, G., Jessop, L. & Gorman-Murray, A. (2011). “The guys in there just expect to be laid”: Embodied and gendered socio- spatial practices of a “night out” in Wollongong, Australia. *Gender, Place & Culture: A Journal of Feminist Geography*, 18 (2), 255-275.
- Walklate, S. (2008). What is to be done about violence against women?. *British Journal of Criminology*, 48 (1), 39-54.
- Weinberg, D. (2013). Post-humanism, addiction and the loss of self-control: reflections on the missing core in addiction science. *International Journal of Drug Policy*, 24 (3), 123-181.
- Williams, J. (2003). *Gilles Deleuze's Difference and repetition: A critical introduction and guide*. Edinburgh: Edinburgh University Press.
- Winter, R., Fraser, S., Booker, N. & Treloar, C. (2013). Authenticity and diversity: Enhancing Australian hepatitis C prevention. *Contemporary Drug Problems*, 40 (4), 505-529.
- Whitehead, D. (2005). In pursuit of pleasure: Health education as a means of facilitating the “health journey” of young people. *Health Education*, 105 (3), 213-227.
- Wolfe, D. (2007). Paradoxes in antiretroviral treatment for injecting drug users: Access, adherence and structural barriers in Asia and the former Soviet Union. *International Journal of Drug Policy*, 18 (4), 246–254.

Woolgar, S. (2011). Where did all the provocation go? – Reflections on the face of Laboratory Life. *STS Workshop at the European University of St Petersburg, Russia, 19th November 2011*. Retrieved from: <https://www.youtube.com/watch?v=gPDNptLkiyk> (26/07/2016).

Worth, N. (2009). Understanding youth transition as ‘becoming’: Identity, time and futurity. *Geoforum*, 40 (6), 1050-1060.

Wyn, J. (1994). Young women and sexually transmitted diseases: The issues for public health. *Australian Journal of Public Health*, 18 (1), 32-39.

Wyn, J. & Woodman, D. (2006). Generation, youth and social change in Australia. *Journal of Youth Studies*, 9 (5), 495-514.

Wyn, J. & White, R. (1997). *Rethinking youth*. Sydney: Allen & Unwin.

Zajdow, G. (2010). “It blasted me into space”: Intoxication and an ethics of pleasure. *Health Sociology Review*, 19 (2), 218-229.

Zinberg, N. (1972). Rehabilitation of heroin users in Vietnam. *Contemporary Drug Problems*, 3 (Summer), 263-294.

Zinberg, N. (1984). *Drug, set and setting*. New Haven: Yale University Press.

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Appendix A: Classroom drug education resources

Title	Year	Author
Cannabis and consequences	2003	Commonwealth Department of Education Science & Training
Cannabis and consequences II	2014	National Cannabis Prevention and Information Centre (NCPIC)
Cannabis: Know the risks!	2003	New South Wales Department of Education & Training
Celebrate safely classroom activities	2008	Victorian Department of Education and Early Childhood Development
Challenges and choices	2006	Government of Western Australia, School Drug Education & Road Aware
Choices: Alcohol and other drugs	2009	Government of Western Australia, School Drug Education & Road Aware
CLIMATE schools: Online prevention	2014	National Drug and Alcohol Research Centre (NDARC). University of New South Wales
Creating conversations: Talking about drug issues	2002	Victorian Department of Health
Drugs & The Law: What you need to know	2014	National Drug and Alcohol Research Centre (NDARC). University of New South Wales
Drug education R-12 teacher support package: Senior years	1999	South Australian Department of Education Training & Employment
Get ready: Research based education addressing drugs and youth	2013	Victorian Department of Education & Early Childhood Development
Get real: A harm minimisation approach to drug education for primary and secondary schools	1995	Victorian Government. Directorate of School Education, Victoria
Get wise: Working on illicit in school education	2000	Commonwealth Department of Education Employment & Training
Getting it together: A whole-school approach drug education	2010	Western Australia School Drug Education & Road Aware (SDERA)
In tune: Students participating in drug education	2006	Commonwealth Department of Education Science & Training
Is your high getting you low? Cannabis and mental health: Teacher resource for years 9 and 10	2010	Victorian Department of Health
LEAD Leading Education About Drugs: Student participatory approaches	2005	Commonwealth Department of Education Science & Training
Making the link: Promoting help seeking for cannabis use and mental health	2012	National Cannabis Prevention and Information Centre (NCPIC)
My TV	2003	Commonwealth Department of Education Science & Training
On the edge	2003	Commonwealth Department of Education Science & Training
School health and alcohol harm reduction project: SHAHRP	2004	National Drug Research Institute (NDRI), Curtin University
Positive choices	2014	National Drug and Alcohol Research Centre (NDARC). University of New South Wales
REDI for the classroom: A resilience approach to drug education	2003	Commonwealth Department of Education Science & Training
Your choice: A year 11 and 12 drug education resource for pastoral care programs	2003	Commonwealth Department of Education Science & Training

Appendix B: Social marketing resources

Title	Year	Publisher
A quick guide to drugs and alcohol	2011	The Library Council of NSW
Avoiding situations	2011	Commonwealth Department of Health and Ageing
Break the ice	2009	Peninsula Health
Cannabis and your body	2011	Australian Drug Foundation (ADF)
Cannabis can leave you permanently out of it	2010	New South Wales Department of Health
Cannabis effects	undated	Australian Drug Foundation (ADF)
Cannabis facts: Clearing the smoke	2011	National Cannabis Prevention and Information centre (NCPIC)
Cannabis: More than just stoned	2013	National Cannabis Prevention and Information centre (NCPIC)
Celebrate safely: Look after your mates	undated	Victorian Department of Education and Early Childhood Development
Clear your vision: A do-it-yourself guide to quitting cannabis	2010	National Cannabis Prevention and Information centre (NCPIC)
Don't let drugs use you	2009	New South Wales Department of Health
Drug Smart	2012	New South Wales Department of Health
Drug use and your mental health	2009	Beyond Blue
Drugs: The real facts	2011	Commonwealth Government National Drugs Campaign
Ecstasy or methylenedioxymethamphetamine (MDMA)	2011	Commonwealth Department of Health and Ageing
Ecstasy: Face facts girl	2011	Commonwealth Government National Drugs Campaign
Ecstasy: Face facts toilet lab	2011	Commonwealth Government National Drugs Campaign
Ecstasy: Fact sheet	2013	Australian Drug Foundation (ADF)
Ecstasy: The facts	2006	Western Australia Drug Programs Branch, Prevention and Workforce Development Directorate, Drug and Alcohol Office
Helping someone with problem cannabis use: Mental health first aid guidelines	2009	National Cannabis Prevention and Information centre (NCPIC)

How drug use can impact your life	2011	Commonwealth Department of Health and Ageing
Ice tears your life apart	2010	Commonwealth Government National Drugs Campaign
Ice will ruin his career then his life	2010	Commonwealth Government National Drugs Campaign
Ideas for supporting friends	2011	Commonwealth Department of Health and Ageing
If you want a chance on the field, stay off the grass	2011	National Cannabis Prevention and Information centre (NCPIC)
Keeping in touch: Working with Alcohol and Other Drug use	2006	Commonwealth Department of Education Science and Training
Making your own choices about drugs	2011	Commonwealth Department of Health and Ageing
Marijuana: What a waste	2010	Commonwealth Government National Drugs Campaign
Marijuana: What a waste swimmer	2010	Commonwealth Government National Drugs Campaign
Read this before Saturday night: Ecstasy, marijuana, ice-plus other drugs and their effects	2010	Commonwealth Government National Drugs Campaign
Reasons teens use	2011	Commonwealth Department of Health and Ageing
Service: Get the effects by text!	2013	Australian Drug Foundation (ADF)
What 12-17 year olds are really using	undated	Australian Drug Foundation (ADF)
What parents should know about ICE (crystal methamphetamine)	2007	Victorian Government Department of Human Services. Drug Information Clearing house
What's the deal? Cannabis facts for parents	2011	National Cannabis Prevention and Information centre (NCPIC)
What's the deal? Cannabis facts for young people	2011	National Cannabis Prevention and Information centre (NCPIC)
What's the deal? Talking with a young person about cannabis	2011	National Cannabis Prevention and Information centre (NCPIC)
You don't know what it'll do to you	2005	Commonwealth Government National Drugs Campaign
Young people, parents and drugs: Some commonly asked questions	2003	Victorian Government Department of Human Services. Drug Information Clearing house

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The previously discussed and agreed upon usage details, as provided by you and understood by BMF Advertising are as follows:

- *Where will this image be used (print, digital, etc.)?*
The image will be used in both print and digital. It will appear at the end of a 9000 word article analyses young people's impressions of health promotion. Although not a major part of the analysis, the image is referred to by one of the participants.
- *How many times do you believe it will be replicated?*
Circulation of the Journal is by mail-order subscription to academic libraries, institutions and individual academics worldwide, and like many academic journals does not exceed sales of 1500 copies in its English-language market due to the specialized nature of its content. The journal is also available in electronic form to libraries (usually university libraries) subscribing to the printed version.
- *How will this image be identified (e.g. What words will you use to reference it)?*
The image will be identified as follows: "The poster, currently available on the Australian Government's National Drugs Campaign website, presents an apparently unhealthy young man sitting alone in a drab room. Flanked by a bong and a pizza box, he appears to be smoking a joint. In the coffee table's reflection is an image we infer shows his past. In it, he looks happy and healthy, spending time with friends rather than sitting alone smoking marijuana and eating pizza. It seems that prior to 'wasting his relationships' by smoking marijuana...the man enjoyed an active social life. Below a phone number and website details are the words 'Marijuana. What a waste'".



- *Where will this report be seen/shared?*

The article in which the image appears will appear in the interdisciplinary academic journal *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*. Due to the specialised nature of the journal, the readership should consist almost exclusively of research academics interested in health, illness and alcohol and other drugs.

- *How long do you expect/intend the report to be available for review?*

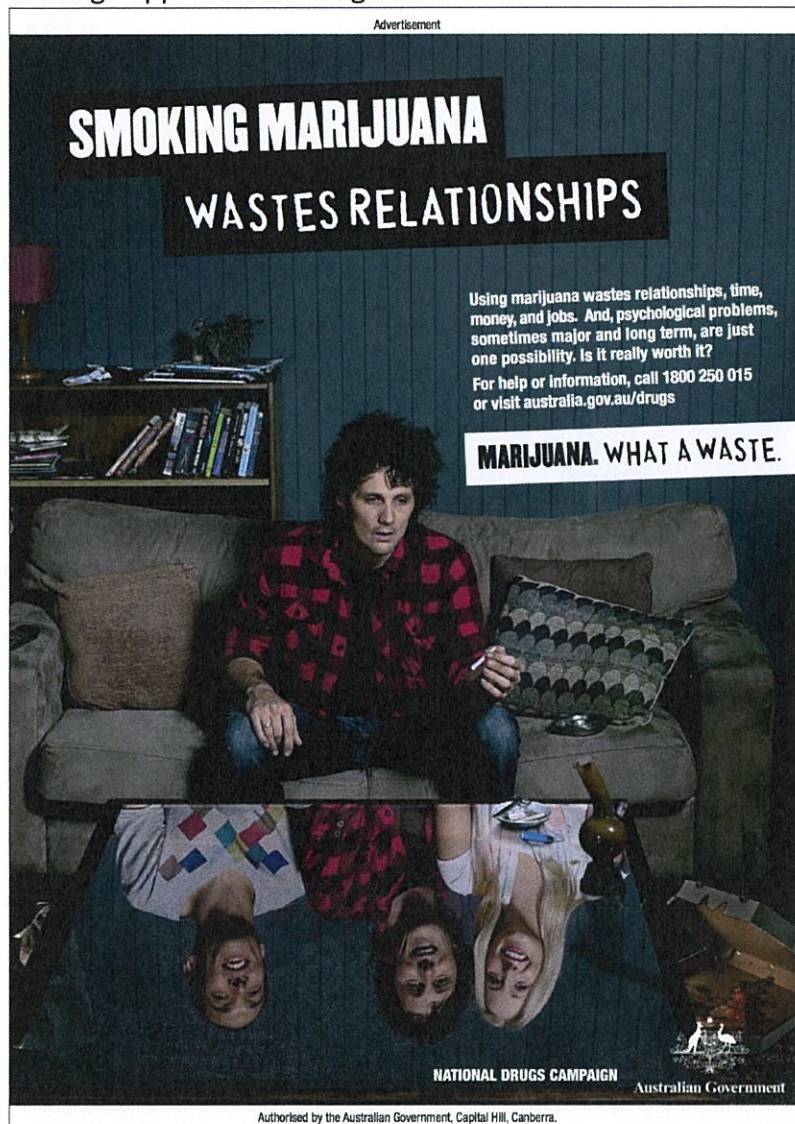
The article would be digitally available through subscription to the journal for the life of the journal itself. It is standard practice for researchers to read research articles that may be over ten years old. The primary reason an article would no longer be available would be the closure of the journal itself. As an established journal, it is unlikely that *Health* will fold in the near future.

- *Would you like the whole creative itself (with copy, logos etc. that are currently included within the ad), or just the photograph?*

Yes, I would like the rights to reproduce the image with the whole creative. The copy etc. are important as without them the image would fail to highlight the position the image had in an official health promotion campaign.



The image approved for usage is:



Sincerely,

Sid De
Account Director